

# PHILADELPHIA MEDICAL TIMES.

WEDNESDAY, MAY 15, 1872.

## ORIGINAL LECTURES.

### ON FIBROID TUMORS OF THE WOMB.

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#### LECTURE II.

HITHERTO I have tried to point out the distinctive features of the three kinds of fibroids; but there are certain characteristics common to all. After they have attained the size of a hickory-nut, displacements of the womb follow. By reason of its increased weight, not only will that organ descend bodily in the pelvis, and thus become prolapsed and even procident, but it will also bend over and double up, producing flexions of that aspect on which the growth is seated. Ante-flexion causes hardly more than vesical irritations; but a retroflexed womb, by pressing upon the sacral nerves, the rectum, and the neck of the bladder, gives very great annoyance. Sometimes, as the tumor grows and begins to impinge either upon the sacrum or upon the symphysis pubis, the fundus of the womb is pushed over to the opposite side and the flexion is reversed. Thus, a fibroid nodule in the anterior wall first brings about an ante-flexion, but, its growth in that direction being repelled by the pubic bones, it pushes the fundus of the womb away from the symphysis and tilts it over into Douglas's cul-de-sac. At times the womb is so displaced that its os is with great difficulty reached. In such cases it will be usually found by squeezing the finger well up between the tumor and the pubic symphysis. Some years ago, while residing at Constantinople,—where, luckily for the profession, the sacred number is in high repute,—I made one of seven physicians who were called in to consult together over a tumor of this kind in a Greek maiden lady. In the multitude of counsellors there was wisdom certainly in this case, for, of the seven, only one—and that one was not myself—succeeded in finding the os uteri.

Like the gravid uterus after the fourth month,—but, being solid, by no means so uniformly,—a fibroid, when too large for the pelvic cavity, tends to rise up above the brim, dragging the womb with it. The os will then be found higher up, but hardly ever beyond the reach of the finger. This elevation of the mass is followed by a great mitigation of all those symptoms produced by pressure. Sometimes, however, by neglect it becomes impacted, or else, by the irritation of confinement in the pelvic canal, it inflames and contracts adhesions to surrounding tissues. It cannot now ascend, but soon blocks up the pelvic canal; first crowding upon the neck of the bladder so as to render the introduction of the catheter difficult and even impossible; next, flattening the rectum to a ribbon, and otherwise producing the most formidable symptoms. The reasons why vesical disturbances precede those of the rectum, are that the bladder, being in the conjugate—viz., the shortest—diameter and abutting on the pubes, can hardly escape from being nipped; whereas the rectum not only lies in the oblique diameter and hugs closely the hollow of the sacrum, but also is further protected from pressure by the promontory.

The situation of a fibroid, rather than its size, will often modify the character of the symptoms. Thus, quite a small interstitial one at the internal os makes the cervix crescentic, the fibroid occupying the concavity. In these cases, the stricture thus induced causes sterility and dis-

treasing dysmenorrhœa, and usually the introduction of the sound will be found difficult. One of our patients thus afflicted promised to be here to-day; but she has not kept her word. Those of you who have examined her will recall the case. She is twenty-five years old, four years married, sterile, and was a martyr to agonizing attacks of dysmenorrhœa. I found the womb ante-flexed, as it generally is in virgins and in nulliparous women, and the cervix hook-shaped from a fibroid, not larger than a boy's marble, situated at its junction with the corpus. I never had a case in which the introduction of the sound gave me more trouble; indeed, it was only by straightening out the crooks and turns of the canal by very firm traction on the anterior lip with a tenaculum, that I succeeded at all. I anticipated a great deal of difficulty in treating this case; but, to my agreeable surprise, by dint of a slippery-elm tent, by repeated scarifications of the cervix, which was much congested, and by the local application of a saturated tincture of iodine, she is now greatly relieved.

During the period of menstrual life, nature rarely interferes with these fibroid tumors, and a spontaneous cure is then hardly to be expected. They slowly increase in bulk until the change of life, when they commonly stop growing, and either remain passive, or else begin to shrink, and perhaps disappear. Sometimes, without any explainable cause, arrest of growth or even retrogressive changes will take place long before the change of life. Occasionally a spontaneous cure is brought about by an ulceration of the internal uterine wall over the fibroid, which then either breaks down and comes away in debris and putrilage, or else, by uterine contractions, is shelled out entire from its capsule. Chiefly in the interstitial variety an arrest of growth, and even atrophy, will at times take place by a disorderly deposit of lime, which, by breaking off the vascular filaments of attachment, interferes with the nutrition of the fibroid. A uterine calculus thus formed either remains innocuous in its nidus, or is squeezed out and expelled *per vaginam*,—a phenomenon which greatly puzzled the older anatomists. Here is a womb containing three of these pebbles, each one so hard as to be capable of receiving a fine polish. Observe how loosely each one lies in its bed, and with what ease they could have been pried out. This calcareous degeneration, as a means of cure, is analogous to the cretaceous transformation of pulmonary tubercle. It happens chiefly in old subjects and in the smaller tumors. A calcified fibroid looks as if the calcareous particles were at first deposited at isolated spots, and had afterwards cohered at irregular points of contact. This gives it the rough appearance of a mulberry calculus; but it is much less dense. This calcareous degeneration is not true bone; for it possesses none of the osseous elements, not even cartilage-corpuscle. It is the result of a chemical rather than of a physiological process, and resembles coral in appearance. The false ossifications of the economy—such, for instance, as the ossification of the arteries in old people—all point to enfeebled vitality. By analogy we may, therefore, attribute the cretaceous transformation of fibroids to their low grade of life. But that is not the only assignable reason; another one is, that the womb and its contents are very prone to this curious change of structure. Cases are on record in which the walls of that organ have become incrustated with lime, or even converted into a bony shell. A fetus detained by missed labor has been found petrified; and you will not practise long without meeting with a placenta studded with gritty particles of chalk, sometimes in patches so extensive as to cause the death of the child by impeding the circulation of the blood.

In certain rare cases, uterine tumors primarily fibroid will take on a cystic transformation; in other words, a

solid growth becomes honeycombed with cyst-like cavities, each cyst containing fatty debris and liquefied tissue. These fibro-cystic tumors affect that portion of the corpus uteri which is not covered with peritoneum, although this is not their invariable site. There they grow very rapidly, dissecting up the peritoneum from off the pelvic organs and abdominal walls, and often attain an immense size. From their physical and clinical resemblance to cystic disease of the ovaries, they are of special interest to the ovariologist. Both grow rapidly, and the former give a sense of fluctuation which the most skilled tactus cannot discriminate from that of an ovarian cyst.

There is yet another very interesting termination to these fibroids, which must not be overlooked. During pregnancy they receive more blood, and consequently grow more rapidly, than at other times. Now, trees of slow growth have a tough and hard fibre, which resists atmospheric action; whereas the wood of quick growers is soft, porous, and liable to decay. In like manner these tumors, becoming pulpy and succulent from the rank juices of the gravid womb, present conditions favorable to retrograde metamorphosis. After labor, the uterine contractions so constrict the blood-vessels that the fibroid no longer gets the amount of pabulum necessary for its quickened vitality. It shrivels, and may even disappear, either through simple atrophy, or by a process of involution analogous to that of the parturient womb. Sometimes, bruised by the pressure to which, during the throes of labor, it has been subjected, it breaks down and comes away in grumous and fetid discharges, too often then destroying life by septicæmia.

At this stage of our inquiry an interesting question comes up,—one which your patients will eagerly put, and one which you must therefore be prepared to answer: Does a fibroid ever degenerate into cancer? In good faith you can reply, "Never." The few blood- and lymph-vessels of this growth, its loose attachment to the parenchyma, and its consequently sluggish life, restrict its action, and preclude the possibility of any malignant degeneration. Careless observers, misled by the fact that a fibroid may coexist with a cancer in the same womb, have mistaken coincidence for causation. Or perhaps they have been deceived by the putrid sloughs of a disintegrating tumor. But, with our present light, the doctrine of the convertibility of the former into the latter is untenable.

Step by step I have led you on until the time has come to discuss the physical and the differential diagnosis of this class of tumors. A digital examination *per vaginam* will discover an enlarged womb, with increased weight and diminished mobility. Conjoined with this, external palpation will show that the suprapubic tumor is an integral part of the womb, by the play of the mass between the two hands. In small tumors this bi-manual examination will often prove inefficacious, and in fat women wholly fail. The site of a fibroid and its kind determine the ease with which it may be discovered. Thus, a fibroid is readily discoverable by the rectum or by the vagina if sessile and on the lower segment of the womb. On the other hand, much larger ones may escape detection if intramural or submucous, or if seated higher up towards the fundus. Retroflexion must not be mistaken for a fibroid in the posterior uterine wall. In each there will be a tumor in the interspace between the rectum and the uterus. The direction in which the sound passes, and the ease with which it corrects the displacement, should discriminate between these two conditions. Again, in a retroflexion a sulcus exists between the cervix uteri and the apparent tumor; and, further, the latter, being the fundus of the womb, is tender to the touch. Whereas, if a fibroid, there is not this tenderness, and the cervix, without any inter-

vening fissure, loses itself in a hunch on the back of the womb. I lay stress on this point, because in most of your text-books you will find it stated that this sulcus does not exist in retroflexions; but in my experience its presence is the rule, and its absence the exception. If in a case of apparent retroflexion the concavity of the sound looks anteriorly, there must be present either a fibroid on the posterior wall, a dislocated ovary, an extra-uterine foetation, or, what is very rare, a bifid uterus. The depth to which the sound passes will also greatly aid the diagnosis; for nothing but a tumor—when pregnancy or a hypertrophic elongation of the cervix is not present—can lengthen out the cavity to four, five, or six inches. By the direction which the sound takes, and also by feeling for its tip, either above the pubes or in the rectum, you can tell on which aspect of the uterus the fibroid is growing.

It is not always easy to distinguish a fibroid tumor from the gravid womb. The uterine murmur in each is the same; nausea and vomiting are often present; foetal movements may be imagined; and the areola around the nipple darkens. Other signs of pregnancy are perhaps found, and the physician jumps to that conclusion, overlooking such counterproofs as the hemorrhagic attacks, the absence of moisture and oedema around the nipple, and the lack of the ordinary changes in the lower segment of the pregnant womb. Whenever a fibroid is present, the womb feels hard,—far more so than when gravid; the cervix does not soften down, and is not so continuous in outline with the lower segment of the womb, but projects abruptly, like the nipple on a distended breast. Nor does the vagina become violet in hue; but to this I have seen one marked exception. Further, the pregnant womb grows rapidly, and, when handled, becomes alternately hard and soft; it also shows a distinct outline when irritated into contraction. None of these signs are discoverable in a womb containing a fibroid. Still, in some cases all these rules will fail, and you will have to fall back on time to clear up the diagnosis. In doubtful cases it is always safer to assume the existence of pregnancy until the contrary is proved. On the other hand, do not forget that pregnancy may coexist with a fibroid tumor, and be chary, therefore, in the use of the sound. In the treatment of uterine diseases let me here urge you to adopt this golden rule: *Think twice before you pass the sound.*

Do not mistake a subinvolved or a hypertrophied womb for a fibroid. The history of the case will aid the diagnosis; and further, although menorrhagia may be present, intercurrent hemorrhages will hardly ever be. It may, however, be impossible to discriminate between a subinvolved womb and one which has become wholly fibroid; but the latter is so extremely rare a disease that I either have never met with it, or have failed to recognize it.

An ovarian tumor is usually distinguishable from a fibroid by its fluctuation and rapid growth; by the uterine sound, which will not indicate an enlargement of the uterine cavity; by the absence of menorrhagia, of leucorrhœa, and of uterine souffles and colics. There will be a greater mobility and a higher elevation of the womb, and a less tendency to displacement, than in fibroids; also, the ulnar margin of the hand can be sunk more deeply between the pubes and the tumor, if ovarian. Fibroids begin very rarely indeed before the age of thirty, and never after that of fifty; ovarian tumors are common to all ages after the period of puberty. Colored women—as I have before told you—are extremely obnoxious to fibroids, but very rarely so to cystic disease of the ovaries.

A differential diagnosis between the three varieties of fibroid is often of great importance, but it may not be attainable by the ordinary signs and symptoms; or a

question of intra-uterine polypus comes up. What is the course now to be pursued? Clearly, to explore the uterine cavity with the finger. For this end, the cervical canal must be dilated either by a series of sponge- or of slippery-elm-tents, or else by a fagot of laminaria-tents. But stay! these agents will not always be necessary; for—and pray do not forget this—during the catamenial flux, the increased bulk of the tumor, together with the resulting labor-like pains, so opens up the os uteri as often to permit the passage of the finger into the uterine cavity. Explain this to your patient, else her innate feeling of delicacy will cause her to shrink from an examination at such a time.

In so far as danger to life is concerned, the prognosis of uterine fibroids is on the whole so favorable that you can give honest comfort to your patient. Her days, it is true, may be shortened by exhausting leucorrhœas and hemorrhages; or she may be jaded out by the pain and distress caused by the bulk-pressure which chiefly happens when the tumor is fibro-cystic. But these are, fortunately, exceptional cases; whilst sudden death from the violence of the hemorrhage is extremely rare. Attacks of peritonitis are more common; but even these are generally not fatal, unless they result from child-birth. The nearer the woman to the critical period of life, the more favorable is the prognosis; but remember this important fact: the menses will linger on beyond the usual time. Fibroid tumors, in common with other uterine affections leading to congestion, keep up the ovarian nismus and greatly prolong the menstrual period of life. To a woman who has passed the climacteric you can hold out hopes not only of a life of comparative comfort, but also of a decline in the size of the tumor.

Pregnancy very greatly enhances the peril of the woman. New dangers, which cannot be glossed over, now confront her. When seated in the lower segment of the womb and in front of the presenting part of the child, a fibroid may render labor difficult, dangerous, or impossible. Besides those arising from obstruction, it may cause other very grave dangers. Wherever seated, the now pulpy and succulent tumor—if of the submucous or interstitial variety—is liable to sustain serious injury from the effects of labor. It may be so bruised as to kindle up a fatal peritonitis, or to break down and give rise to septicæmia. Further, by preventing firm uterine contraction, it may retard the labor, or induce an uncontrollable post-partum hemorrhage. Or the irritation of its presence may goad the womb into exhausting after-pains. The retention of the placenta or of the membranes is another complication very likely to happen in these cases. In two which fell to my care, the uterine cavity was so distorted by the bulging in of a submucous fibroid that, although I succeeded in getting away the placenta, the membranes were torn off and left behind. For fear of bruising the tumor, I did not dare to force my hand into the uterine cavity to remove them; but by the third day they had worked down to the os, and were then coaxed away. In each of these cases, the expulsive pains were so hampered by the presence of the solid body in the uterine wall as to need the aid of the forceps. Both deliveries were followed by alarming flooding, by an exhausting oozing which lasted several days, and by very unruly after-pains. One of the women recovered so perfectly from the immediate effects of labor as to be able to be about the house; but in the fifth week septic symptoms set in, and she died soon after. After death, the tumor was found to have softened down into purilage. The other woman gave me much anxiety. Her convalescence was slow; her pulse feeble and frequent; she had night-sweats, great prostration, and other symptoms which led me to fear that disintegration had begun; but she finally did well, with the fibroid greatly reduced in bulk.

A few weeks ago I exhibited to the Obstetrical Society of this city a womb containing in its posterior wall a fibroid larger than the ovum at term. It had been removed by my friend Dr. Wm. B. Atkinson from the body of a light-mulatto woman, aged thirty-five, who had died quite suddenly on the tenth day after giving birth to a fully-developed infant. This fibroid must have grown very rapidly during gestation, for previously to her delivery she had not been conscious of its existence. The labor would probably have been tedious had not the feet presented, which enabled the attending physician—Dr. W. F. Patterson—to render early assistance. Curiously enough, there was no post-partum hemorrhage, nor any other complication. Although the tumor had commenced to soften at its centre, death was, I think, due, not to pyæmia, but to puerperal embolism of the pulmonary artery. For, from the very imperfect contraction of the womb,—splinted up as it was by the fibroid,—it is reasonable to suppose that some one of the physiological clots of the unconstricted uterine vessels had become long enough to project into a large vein, where its tip was washed off and swept into the pulmonic circulation.

Do not infer that every kind of uterine fibroid is dangerous to the parturient woman. Repeatedly have I discovered outgrowths on the surface of a recently-delivered womb; but never, to my knowledge, have they given rise to serious symptoms. Being either sessile or pedunculated, they rarely interfere with firm uterine contractions; whilst their position outside of the muscular layer secures them from the gripe of the uterus. It is only when one lodges in the retro-uterine space that it can be squeezed, and then only by pressure from the child's head.

(To be continued.)

## ORIGINAL COMMUNICATIONS.

### ELECTRO-THERAPEUTICS.

A NEW MODE OF APPLYING THE GALVANIC CURRENT.

BY N. MAYER, M.D.,  
Hartford, Conn.

FEW important remedial agents are so much neglected by the profession at large, and so often called into play by empirical and irregular practitioners, as electricity. Perhaps the latter fact may furnish a partial explanation of the former. But it is not alone the bad odor which its employment by charlatans has given to this remedy that makes our private practitioners chary of using it, but a want of knowledge of its precise qualities,—the special symptoms that call for its exhibition,—the manner of application, and the quantity demanded. Almost all well-regulated hospitals use it to some extent; those of London—Guy's at the head—have furnished results that need but to be studied in order to demonstrate its importance in most nervous diseases. On the continent, observations still more accurate and gratifying have been made.

Without treating of the subject at length, I merely desire to call the attention of the profession to the importance of its employment in private practice; this more especially as there have been observed some gratifying results recently from a new way of applying the continuous current in affections of the nerves of the face and head. Of the three kinds of electricity in use,—static electricity, the galvanic current, and faradization or inductive electricity,—faradization is probably most commonly employed. The magneto-electric machines which may be found in every drug-store meet with a



large sale, and—partly countenanced by physicians, partly independently of advice—are used by the public for every chronic nervous affection. The continuous current, which is far more useful in many of these afflictions, finds less favor, unless it is made easy to people, as by galvanic chains, belts, poultices, and apparatus of a similar construction. The continuous galvanic current has produced remedial results of the greatest value. It is applicable to more conditions of nervous disease than the other forms of electricity, and has consequently met with greater success in treatment whenever applied. It is a nerve-tonic. It may be said to act in four different ways. *First*, it regulates the local circulation. Whether it accomplishes this by dilating the blood-vessels of a part, and, if congested, permitting normal circulation to re-establish itself,—catalytically, as one author terms it,—or whether it does it by other influences, is undecided as yet. But the fact stands. *Secondly*, it reduces exalted irritability of muscles, and increases their tone and power of volition; in other words, its effects are antispasmodic. *Thirdly*, it acts anti-paralytically, re-exciting diminished nerve-power and sensibility. It has been supposed that the latter effects may be due to its regulating influence on the circulation of the nerve-centres. *Fourthly*, it restores the systematic current of nerve-electricity to its proper condition. The fact that the most important vital phenomena which occur in a nerve consist of different electrical conditions of the same, is fully established. That these are altered in disease may be safely assumed. And that whatever restores them to a normal condition is of great importance in recovery, seems to be a medical probability.

With a due consideration of these four different manners in which the effects of a continuous current may be of advantage in the treatment of disease, it has long been used by some of the profession.

I desire here to mention a mode of applying the galvanic current which is new and seems to prove very effective. A number of small zinc and platinum disks, separated from each other by bits of cotton cloth which are saturated with very dilute sulphuric acid, form a pile. This is applied to the mastoid process on one side, while a similar pile is applied on the other. The succession in which they are arranged is: first, a zinc disk, then a bit of cloth; a platinum disk, another bit of cloth; zinc, cloth, and platinum, once more. This is applied to one side, the head serving in place of the intervening cloth; and on the other side the pile begins with a zinc disk, and proceeds in regular succession. The piles are held together by a central screw, which connects with a wire or any other conductor passing over or behind the head, to be attached to the screw of the opposite pile. Thus a complete circuit is established, and the galvanic current may be permitted to exert its slight but continuous influence on all the parts of the head intervening between the two piles. It has been modified in size, of late, to such an extent that two little shell cases a half-inch in diameter and an eighth of an inch in depth will contain the Voltaic piles, while the most convenient conductor has been found to consist of a steel spectacle-frame. An optician of this city has manufactured some of these, and has been much gratified by the result. It is not so much the active diseases, or exacerbations of chronic afflictions, in which they can be used. More powerful agents or stronger currents are needed there. But to remedy the predisposition to certain nervous diseases of the face and head, or to do away with their results, they might prove decidedly beneficial. Though appreciable by the electroscope, the current is very weak, and therefore may be used constantly without disadvantage. The conditions in which an electro-tonic agent like the continuous galvanic current might be found advantageous are:

1. Loss of mental energy from imperfect cerebral nutrition.

2. A hypochondriac state of the mind.

3. To satisfy the craving for stimulus in reformed drinkers or opium-eaters.

4. In cerebral paralysis. While the testimony furnished by authors in regard to the benefits derived in the previously-mentioned cases is comparatively slight, it is much stronger as to its efficacy in paralysis, especially when depending on derangements of brain-nutrition. We have a very telling case on record,—that of Dr. Saulsbury, of this State.

Then there are—

Facial palsy;

Hemiplegia;

Severe headache;

Facial spasm (*tic convulsif*);

Loss of smell;

Weakness of sight, from imperfect nutrition;

Nervous deafness;

Neuralgia of the face;

Hemicrania;

Cervico-occipital neuralgia.

It will be seen that all these are nervous diseases which result from a defective nutrition, a too great irritability, or a depression of vital powers of the nerves or the nerve-centres. The attention of the profession is called to this method of applying the continuous current, in the hope that observations on the same subject may be made by others. A European medical journal, the *Medizinische Central Zeitung*, published at Berlin, had some interesting statements last summer of the experiments made by Dr. Cohen at Breslau. He subjected physically-weak and mentally-torpid children to the application of a daily continuous current, with very satisfactory results. Some of the duller children of a class at school were thus treated, and, the report states, with perceptible improvement of their mental powers.

#### NOTE ON A CASE OF NEURALGIA CURED BY ACCIDENTAL SHOCK.

BY B. HOWARD RAND, M.D.,

Professor of Chemistry in the Jefferson Medical College, Philadelphia.

**M**R. F., æt. 58, Irish by birth, actor by profession, tall and muscular, of excellent general health, was attacked in the autumn of 1858 with violent neuralgic pains in the right arm and shoulder. There had been no injury to the joint, the motions of which were perfect. All the nerves of the arm and forearm were affected. The pain at times reached from the shoulder to the spine, and more rarely to the left shoulder. The left arm was at no time in the least affected. The pain was intermittent,—worse at night, whether in or out of bed. Treatment, which was varied, had but little effect. The patient began to suffer in general health from pain and loss of rest, and the affected arm visibly lost size and began to lose power. In January, 1859, the pain came on only every other night: it was not controlled by persistent and free use of antiperiodics. On the 23d of January, after an evening of great suffering, as he quitted the theatre he slipped on the ice and fell, striking the affected shoulder with violence. The pain was intense; he said that he thought at the time that the "arm was torn from its socket." This soon ceased, and was followed by a feeling of warmth and "naturalness." The neuralgia ceased, and has not since returned. He has been under my care occasionally, for slight ailments, up to the present time. I saw him two weeks ago, more than thirteen years after the accident; he was then in excellent health.

I put the foregoing case on record as a simple matter of fact, without attempting any explanation of the result.

## NOTES OF HOSPITAL PRACTICE.

## UNIVERSITY OF PENNSYLVANIA.

CLINIC OF PROFESSOR AGNEW.

Reported by Dr. ELLIOTT RICHARDSON.

## VARUS OF RIGHT FOOT.

AT Prof. Agnew's clinic, October 14, 1871, a case of congenital varus of the right foot in a child aged thirteen months was presented.

This deformity, though generally congenital, often commences after birth as a result of infantile paralysis, in which the muscles which tend to adduct and invert the foot, being unopposed by the paralyzed muscles, are left free to act, rotate the foot inward upon its long axis, and, by the preponderating influence of the muscles attached to the tendo Achillis, elevate the heel. The muscles chiefly engaged in the production of this deformity are the gastrocnemius, soleus, and tibialis anticus. The extensor proprius pollicis, and sometimes the extensor longus digitorum, also aids in retaining the foot in this position.

Prof. Agnew described the changes in structure which the foot undergoes when long subjected to this unequal action of the muscles. The plantar fascia becomes contracted, the arch of the foot increased, and the foot much shortened. The ligaments on the outer side of the foot and ankle become elongated, and in time the shape of the tarsal bones becomes much altered. He said, in the treatment of this deformity mechanical appliances bear a very important part, but that they are incompetent, without operative measures, to produce a cure in most cases. The operation should not be performed at too early an age, but should be postponed until such time as the skin assumes sufficient firmness to endure the pressure of the splint, and the foot is somewhat developed in size. When, however, the foot is not too short and round, it may be done at any time. Unless the deformity be very great, tenotomy of the tendo Achillis is sufficient,—the splint usually being competent to overcome the action of the other muscles. The patient was etherized, the tendo Achillis divided subcutaneously, and the external opening promptly closed with an adhesive strip. The foot was then brought into a normal position, the anterior portion enveloped in lint spread with cerate, and a metallic splint adjusted to it. This splint is a modification of Scarpa's, and admits of two movements at the ankle, which are regulated by screws, so that the foot may be abducted and the heel depressed at pleasure. Prof. Agnew said the whole secret of success in subcutaneous tenotomy consists in exclusion of the air from the subcutaneous structures. He also thought that the immediate restoration of the foot to a normal position, as far as practicable, is preferable to the plan of gradual reduction recommended by some operators. The union of the divided tendon is a rapid process, and in about six weeks a cure in the deformity might be expected to be well advanced.

October 18.—The case has progressed rapidly. The foot is now nearly straight, and the splint has been retained without inconvenience.

## GOITRE.

At the clinic held October 18, a case of this disease in a girl 13 years of age was exhibited.

The tumor was firm to the touch, was large and symmetrically trilobed. It was situated just below the larynx, upon the trachea, to which it was attached. It was first noticed by the patient two years ago, but within the past two months had grown more rapidly. It was painless, gave rise to no inconvenience in the acts of respiration and deglutition, and was not associated with any cardiac disease.

The lecturer said that the affections of the anterior portion of the neck for which this disease may be mistaken are, cystic disease of the thyroid gland, enlargement of the thymus gland or of the supra-sternal lymphatic glands, and ophthalmic goitre. From the first it may be distinguished by its symmetry and trilobed shape; from the second, by its seat and non-interference with respiration; from lymphatic swelling, by the fact that these glands are situated near the median line and do not

extend laterally to the degree observed in goitre; and from ophthalmic goitre, by the absence of cardiac or ophthalmic complications.

The treatment found most successful in goitre is the internal and local use of iodine. In this case the following was ordered:  $\mathcal{R}$  liq. iodinii comp., gtt. xij S. t. d.; iodine ointment to be well rubbed into the skin over the surface of the tumor twice daily, at the same time subjecting the part to heat.

## CYSTIC TUMOR OF BREAST.

On the same day, a case of tumor in the breast of a woman aged 27 years was shown. She was the mother of two children. After the birth of the first, about four years ago, this tumor commenced to form, and was attributed by her to the irritation of a pimple.

The tumor was lobulated and elastic, not very hard and not very heavy. Situated immediately over it was a peculiar horn-shaped erectile tumor, which could be emptied by pressure. Excepting this, the skin covering the growth was not altered in appearance nor adherent to it at any point, neither was there any implication of the lymphatics of the axilla.

Prof. Agnew said that, from the youth of the patient, the duration of the tumor, its origin in injury, the mobility of the skin over its surface, the absence of enlarged superficial veins, of depression of the nipple, and of lymphatic complication, he believed the tumor could not be cancerous. He considered it to be a cystic growth, and recommended its removal.

## CANCER OF BREAST.

At the same clinic a woman 58 years of age was presented, who was suffering from a tumor of the breast of a different character from the preceding.

This was a large cancerous growth in the left breast. She first noticed the tumor two years ago. It grew rapidly, and was removed a year ago last May. Two weeks after removal the growth reappeared, and had since then made rapid progress.

It was at this time large, firm, and heavy, involving the entire gland, and had at several points upon its surface ulcers, which were surrounded by the purplish hue peculiar to cancer. It was the seat of lancinating pain shooting from the breast to the axilla, the glands of which were much swollen. The tissues surrounding the cancerous growth were swollen and indurated from cedematous infiltration, and the veins in its vicinity were much enlarged.

In regard to treatment, Prof. Agnew said operative measures were out of the question in this case, as the disease had made such progress as to preclude all possibility of beneficial results therefrom. He considered the presence of cedema a positive contra-indication for operation.

The treatment directed was the free use of iron and arsenic. In regard to condurango, recently introduced as a cure for cancer, the lecturer said he believed it to be utterly valueless in this disease.

## SERVICE OF J. E. GARRETSON, M.D.

Reported by Dr. Dr. F. WILLARD.

## PHOSPHOR-NECROSIS.

THERE is, gentlemen, a disease of the maxillary bones which is found only in those persons engaged in the manufacture of lucifer-matches; and, as instances are but rarely presented to this clinic, I will occupy the major portion of the hour in the consideration of the case before us.

The patient is a woman 45 years of age, who informs us that she has been engaged in the business for fifteen years, a portion of the time having been spent in Germany, the remainder in this country. Her symptoms are so typical that we may save time by deferring their enumeration until we reach them in the regular course of delineation.

The disease is a form of necrosis, caused by oxidized phosphorus introduced into the system by dissolution in the saliva, uniting perhaps with one of the alkaline salts which there so constantly abound. These fumes consist of phosphorous and phosphoric acid (the former being easily convertible into the latter by simple admixture with air), hypo-phosphorous acid, phosphoretted hydrogen, and possibly even a little of the pure vapor of phosphorus itself.

To these dangerous fumes the dippers and dryers in such

establishments must necessarily be exposed, to the manifest risk of their health. But you will ask, "Is there no prophylactic measure which can be employed?" There is one very important one, namely, the constant watching and filling of every carious dental cavity; for it is stated that this disease never occurs except in persons with carious teeth,—a statement readily explicable when we remember that such cavities would open a more direct route to the pulp, and thus to the periosteum. Attention, then, to such treatment of the teeth should constitute the first element in prevention. The second is scarcely less important. It consists in the use of a *respirator*, so attached to the head that no air can enter the nose or mouth without passing through a cloth diaphragm saturated with a solution of carbonate of lime or soda, or through a layer of sulphate of soda and slacked lime. A small amount of ammonia in the atmosphere would be a useful adjunct, as would also the daily administration of a teaspoonful of carbonate of magnesia internally.

Precisely why phosphorus attacks these bones in preference to others, I am unable to say, barring the dental explanation of ingress; neither can I give you any more satisfaction in regard to the method in which it produces its destructive action. The facts exist, and Salter, I believe, has suggested in explanation that the formation of a superphosphatic incrustation may be incompatible with bone life.

The first symptoms are scarcely distinguishable from those of ordinary caries or necrosis. They are, first, toothache in the carious organ, then periodontitis, lifting the tooth in its socket to such an extent that occlusion of the jaws gives great pain, then swelling and puffiness of the gum, gradually extending to the cheek, which swelling is not open and frank as in ordinary inflammation, but is debased and unhealthy in all its appearances. The bone dies, pus is discharged, riddling the gums or burrowing through the cheek and down the neck; the teeth loosen and fall out, and the general constitution becomes seriously affected. In the lower jaw this destructive process usually progresses, regardless of interference, until the whole body is destroyed, the rami alone remaining; but in the upper maxilla the line of demarkation is not apt to be so definite, and it is more difficult to prognose as to the extent of its ravages. It is, however, more under the control of the surgeon, yet exhibits a decided tendency to recur, unless the constitution is fortified.

The process of death and separation of any phosphor-sequestrum is exceedingly slow, occupying a period of from one to twelve months, or even longer, during which time the patient is not only subjected to the severe tax upon the constitution, but has also to endure an excessively offensive discharge, which not only poisons the very air he breathes, but also passes into his stomach, destroying the appetite and rendering life miserable.

Meanwhile, the periosteum, which seems to resist the enemy longest, has not been idle, but has made an attempt to wall off or enclose this dying portion with new bone, so that by the time the sequestrum is ready to be cast off it lies in a gutter of osteophytic incrustation,—which does not, however, completely cover it in above, and thereby permits a more ready internal escape.

The patient before you is now passing through the process described. The earlier symptoms have all disappeared, and she has now, as you see, a lower jaw which is greatly thickened and diseased, while the edentulous gum is a mass of spongy, sinus-riddled, angry-looking, sloughing tissue. I feel dead bone at every point; yet the sequestrum is not ready for removal. But you may ask, How do I know that it is not ready? In the first place, the disease has not been of long enough duration; and secondly, I find the bone immovable. But here let me warn you that a sequestrum may be so caught and held in the gutter of new material that it is frequently retained long after separation has really occurred. When this is the case, the bone, though apparently firm, yields before strong pressure, and is springy.

Such are some of the features of this justly-dreaded disease.

Once established, can we arrest it by treatment? Usually, we cannot. A certain portion of the bone (especially in the lower maxilla) is inevitably doomed; yet we can do much in the way of supporting the patient under the great drain to which he is subjected, hastening the process of death and separation, and (in the upper jaw) diminishing or circumscribing the advancing disease.

In all cases of toothache occurring in match-makers, then, be upon your guard, seeing that carious cavities are immediately filled and the before-mentioned prophylactic measures employed. If seen in the acute inflammatory stage of periodontitis, the diseased and elevated tooth may be protected from the opposing organ by moulding over some opposite prominent *dent* a little cap of softened gutta-percha, which, when hardened by cold water, will receive the first stroke of the closing jaws and prevent further irritation. Active antiphlogistic measures must then be adopted, and (most important of all) the underlying periosteum and bone immediately relieved from tension by full free incisions made boldly down through the gums until the osseous structures are reached. At the same time, it is wise to remember that the phosphorus-poison may yet be susceptible of partial neutralization by means of carbonate of magnesia, which should be given to the amount of a teaspoonful twice a day,—the same powder being also constantly applied locally to the diseased spot. I say susceptible of partial neutralization; for I do not believe that any known treatment will cause a complete arrest.

Constitutional measures should also be vigorously employed, since it is only at the outset that any benefit may be expected from attempts at resolution. Iron, quinine, cod-liver oil, and stimulants may be urgently pushed for a few weeks; but if no improvement is perceptible after a month's trial, it is better to decrease them and depend mainly upon good air, food, and exercise, since it is not advisable to load a patient's stomach with drugs for ten or twelve consecutive months. In the later stages, the time will again arrive for their employment, being needed to support the strength, and perhaps save the life, of the patient.

During the progress of the disease, free incisions should be made in the gums, in order to give vent to the pus,—to save integumental openings, which are difficult to cure,—and to allow frequent syringings with dilute carbolic acid, Labarraque's solution, or, better than all, the compound tincture of capsicum, with an excess of myrrh and the addition of a little permanganate of potash. In those terrible cases where extensive sloughing occurs, it may be necessary to employ a mop to draw away these discharges and prevent the pus from passing into the stomach.

I have told you that the periosteum resisted the onslaughts of the disease longer than the bone itself; it has therefore been my practice for a number of years to hasten the process of bone-sloughing by inserting into the wound little pledgets of cotton, which, insinuating themselves into its depths, expand, and slowly work off the already separating periosteum, thus leaving it bare and un nourished. You may say that this would only tend to render the sequestrum even larger than if left to its normal course; but I assure you that such is not the case. A portion of the bone is already, as has been remarked, predestined to die, and by this treatment such death is markedly hastened, thus saving weeks of exhaustive drain, and much valuable time, to the patient.

Cleanliness is all-important. In the later stages, the most generous diet (which must be largely liquid), the strongest tonics, the purest stimulants, may even fail to prevent the vital force from yielding, and the patient sinks under continuous hectic, tuberculous complications, or extensive sphacelus.

When hemorrhages occur and exhaust the patient, they should be controlled by the administration of tinct. *erigeron canadensis*, gtt. ij twice a day, or oftener if necessary.

The teeth should be removed as fast as they loosen, since, if retained, they but irritate the cheek and gums.

Such should be your treatment,—your highest duty being performed in sustaining the constitution and in waiting patiently for separation, be it one or fifteen months. *Early operative interference is only productive of harm*, for, even if not followed by death, an inflammatory sequestrum usually forms, which is but an additional drain. I remember well a girl whom I treated in this city for months, warning her from

\* The reader desirous of further facts in regard to the cause and course of this disease will find much interesting material in Von Bibra and Geist's *Phosphorzündholzfabriken*, etc., Erlangen, 1847, or British and Foreign Medico-Chirurgical Review, 1848, or Fifth Report of the Medical Officer of the Privy Council, Bristowe, London, 1863.—Dr F. W.



the outset that she must have unbounded faith and patience, —two mental properties, by the way, which are exceedingly difficult to maintain when one sees herself, month by month, becoming worse and worse, and with no encouragement for the immediate future. At about the seventh month, although progressing as well as possible, the patient became restive, and, finding that I persisted in my determination not to cut away the sequestrum, sought other advice. The jaw was resected through the rami, and in ten days she was in her grave. She died of pyæmia,—or shall I say blood-poisoning? And why? Because that bone was in such a soft porous condition, between life and death, that it sucked up the pus as readily as a sponge imbibes water. I cite this case because it is but a mirror of my personal experience, and, although it is in opposition to the views of many Continental surgeons, yet I feel that my words will be found true,—as regards American cases, at least.

When, however, the proper time has come, and the sequestrum is loose,—as you will determine by frequent trials,—you can lift it away with but little risk; and a mass of new material will remain, which, though subsequently undergoing a certain amount of absorption, will always assist greatly in mastication, and preserve the contour of the face with but slight deformity. External incisions are seldom necessary, even for the removal of an entire jaw; the internal openings requiring only to be enlarged to the adequate extent. It is easier to take away the lower jaw by sections, so that it becomes necessary to split it at the symphysis with chisel, saw, or, preferably, cutting bone-forceps. Once divided, the pieces can be lifted without trouble, unless held by overlying osteophytic structures or indurated soft parts, which circumstance will be readily recognized by the springy impression imparted to the hand.

Even when the entire jaw is removed, the remaining new structure forms a sort of ligamentous attachment to the temporal bone, which allows of joint-movement.

When the dead bone is thus removed "at full term," as we may call it, there is but little danger of a return of the disease, provided due care be used. The occupation should be changed for an out-door one, good diet secured, and frequent syringings practised with water medicated by iodine or creosote.

In my remarks I have been speaking with especial reference to the lower jaw. In the upper one, I will say that necrosed portions may be removed at a much earlier period, since there is no definite point at which the disease will cease, and there is less danger of pyæmic poisoning. The tendency to recurrence is, however, very great.

[The patient was put upon the plan of treatment above indicated, being directed to return at frequent intervals, and also warned that no immediate improvement need be expected.—D<sup>r</sup> F. W.]

## OBITUARY.

### PROF. SAMUEL JACKSON, M.D.

THIS distinguished practitioner and lecturer, who died on the 5th of April at his residence in this city, was the son of Dr. David Jackson, one of the earliest graduates of the College of Philadelphia, a member, indeed, of the very first class, that of 1768, who took the degree of Bachelor of Medicine in the following year. He entered into business as an apothecary, and the son was brought up in the same path. The latter was born about the year 1787, and at the time of his death was therefore eighty-five years of age. He received his elementary education at the University, and commenced the study of medicine with Dr. James Hutchinson, continuing it afterwards with Professor Caspar Wistar. He took his medical degree at the University in 1808, but did not at once enter upon the practice of his profession. In consequence of his father's death, he was compelled to enter into the drug business as his successor. He was not long afterwards prominent in various official relations,—as a politician, in which last capacity he was strongly Democratic in his views, and as a member and President of the Board of Health. He relinquished business about 1820 to devote himself to the cares of practice. The yellow fever prevailed at this time in Philadelphia, and he wrote some excellent papers on this subject,

combating the doctrine of contagiousness, which led to a controversy between him and the New York physicians, more particularly Hosack and Ducachet. He was the first to propose the boarding-up of infected localities,—a plan ridiculed until it was found to be effective.

When the College of Pharmacy was established, in 1821, he was appointed Professor of Materia Medica, and continued to occupy this position until 1827, when he became the assistant to the Professor of the Theory and Practice and Institutes of Medicine in the University of Pennsylvania, Dr. Jackson lecturing on the Institutes, and Dr. Nathaniel Chapman on the remaining important portion of the conjoined branches. When appointed to the University, he had already been lecturing since 1823 on Materia Medica and Therapeutics in the Medical Institute of Philadelphia,—familiarily known as Chapman's Summer School, after its founder,—and here he still continued until about the year 1840. In 1835 he was appointed to the chair of Institutes in the University, which was created by the separation of this branch from that of the Theory and Practice, and its re-institution as it originally existed in the College of Philadelphia, when Dr. Benjamin Rush was the occupant of the chair of Institutes.

In 1832, Drs. Meigs and Jackson were appointed a committee to visit Montreal and Quebec, where the cholera was then prevailing, and they returned with many new suggestions for hospitals, including, among others, coffin-shaped bathing arrangements, which from their appearance excited considerable remark. In the early part of this year, Dr. Jackson published an essay on the subject of cholera, and during the same year was presented by Councils with a silver pitcher in acknowledgment of his hospital services, as were also Drs. Hodge, Chapman, Parrish, Condie, and others, who had charge of cholera hospitals.

Dr. Jackson's reputation grew rapidly as a lecturer and a practitioner. He was the first one here who made headway and threw new light on the physiological doctrine of absorption in opposition to the Cullenian school and solidism, in 1827. He was an exponent of the views of Broussais, and wrote a number of essays in exemplification of his peculiar theories, which, however, in after-life he abandoned. Broussaisism was, indeed, in those earlier days the prevailing doctrine. His only systematic work was that on the "Principles of Medicine," issued in 1832, but not afterwards republished. He was probably the first physician here who put into practice auscultation and percussion. As a lecturer he possessed immense enthusiasm, and was very popular with his classes, who admired him not only as an amiable gentleman, but also as an agreeable and instructive teacher. He was a constant reader, and kept himself and his students up to the very latest point in connection with the progressive advancement of physiology and of medical science generally. He was a kindly, hospitable friend, and an honored citizen and medical adviser. His practice was extensive, and at one time embraced a very large number of consultations, his patients being largely from abroad, the South particularly. As a clinical teacher he was quite prominent through a long series of years, especially in the extensive practical field offered at the Almshouse. Being one of the first to introduce clinical instruction in that institution, he lectured there for twenty-two years, resigning from it in 1845. He took his share also in the clinics of the University from 1843, when they were first inaugurated, until the resignation of his professorial chair in 1863, after which he was elected Emeritus Professor.

Dr. Jackson lived in a transition-period of the history of medicine, and his life would form a centre around which might be woven an interesting sketch of the remarkable progress of medical science, changes of theories, introduction of novelties, etc.; for in his active private practice, as in his didactic courses at the University, and his clinics there and elsewhere, he was always ready to seize upon and call into requisition everything that could benefit the cause of medical science. It may be mentioned, as a matter of interest independent of his medical career, that in the war of 1812 he served as private in the First City Troop of Cavalry of this city, when that body was in camp at Mount Bull, Maryland, watching the British fleet in the Chesapeake.

The conclusion of the life of this pioneer in the profession, as he has been not inaptly called, was during several years

past a period of gradually increasing mental and physical impairment. He had suffered for many years from neuralgia. Then supervened a want of balancing-power in the movements of the limbs, but, as this peculiarity of muscular action increased, he became more fleshy. For more than two years past he had been unable to get up without assistance. Since an attack of congestion of the lungs about two years ago, his general condition had deteriorated. His mind assumed a curious phase, in which, in a pleasant manner, and forgetting his bodily infirmities, he would occasionally speak to some of his honored colleagues of former days as if he was still engaged in active private and hospital practice,—almost as if it was a waking day-dream, the reflection of some of the scenes of usefulness in which he had at one time so prominently figured.

DR. LOUIS SYDENHAM STILLÉ, son of Alfred Stillé, M.D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania, died in this city May 7, 1872, in the twenty-third year of his age. He was the author of an article on "The Origin of Fibrin," in the number of this journal for August 15, 1871, the writer of several book-notices, and a young man of much promise in his profession.

## PROCEEDINGS OF SOCIETIES.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

Dr. J. G. STETLER, Vice-President, in the chair.

A CONVERSATIONAL meeting of the Philadelphia County Medical Society was held Wednesday evening, March 27, 1872, at 8 o'clock.

Dr. HENRY H. SMITH called the attention of the meeting to a case that had been brought to his notice by Dr. James Collins.

The patient was a gentleman, aged 35 years, who had suffered for three years. Emaciation moderate; expression cheerful, not indicative of continued suffering; color good. Married, and the father of several children, the youngest a very healthy child about twenty months old. The patient when first seen was squatting on his heels on the commode, with his pantaloons down as if in the act of defecating; and this was his almost constant position in order incessantly to evacuate the bladder. When the patient stood up for examination, the penis was found firmly retracted to the pubes, not being more than two inches long, with the skin circularly wrinkled, the glans penis quite livid, shrunken, and cold. There was marked pain near the head of the penis, as in vesical calculus. The perineal and anal muscles were also contracted, and there was a deep-seated pain about the middle of the perineum. The perineum was somewhat emaciated, and the anus retracted towards the coccyx. The abdominal muscles were firmly and spasmodically contracted, the recti being in knots, and the muscular fibres of the internal oblique and transversalis muscles apparently forming a tumor which occupied the right iliac region. This tumor was about four inches long and three inches wide, extending from the anterior superior spinous process of the ilium to a little beyond the point of the internal abdominal ring. The tumor was quite hard to the touch, but resonant and tympanitic on percussion, resembling a distended cœcum. When the patient took the squatting posture, this tumor entirely disappeared from sight; but pressure in the right iliac fossa showed a general induration of this region as far back as the psoas muscle. After passing a little water and some flatus, the patient rose from the commode free from pain, but the elastic tympanitic tumor was again present. He stated that he had constant pain in the right iliac and hypogastric regions, except the day before our visit, when there had been a very free discharge of yellow, stringy matter, "like semen," at stool, after which he felt much relieved. He also stated that this discharge had occurred several times before, at intervals of two or three weeks, and was always followed by relief from pain. The pulse was natural, digestion good, and his sleep fair, but he spent the whole day in the manner before described. As he had been carefully sounded several times by different surgeons without any stone or tumor being found in the bladder, though the

coats of the bladder were found thickened, it was decided to etherize him and examine the rectum and pelvis more minutely than had been previously done. Accordingly, whilst in a state of anaesthesia, the fore-finger was passed into the rectum. No hemorrhoids existed, and there was no scirrhous or other contraction of the gut. The prostate gland seemed normal. The coccyx was unusually movable, but no signs of fracture, which had been supposed to exist, could be detected. The iliac nerve could be felt very much thickened just before it emerged from the sacro-sciatic notch; and pressure towards the superior pelvic strait showed an induration in the iliac region, as if caused by a deposit of lymph. Pressure with the left hand on the right groin, whilst the right fore-finger was in the rectum, rendered this induration behind and around the cœcum more apparent. On dilating the rectum widely with a bivalve speculum, the mucous coat of the gut was found to be excessively florid and dry, with a deficiency of the ordinary mucus. About two inches within the anus, on the anterior face of the gut, was a small ulcer, the size of a pea, filled with a pultaceous slough, apparently the orifice of an internal or pelvic fistula, from which the discharge of the previous day had probably escaped. This orifice was not probed, owing to the struggles of the patient in recovering from the anæsthetic. The diagnosis could not be positively made from this single examination, but the case was regarded as one of pararectitis,—if such a word could be formed,—resembling parametritis in the female. This pararectitis was apparently caused by an abscess or inflammatory condition of the connective tissue of the iliac region, especially that about the cœcum and appendix vermiformis, and might have ensued on inflammation or perforation of the latter. Consequent on this induration there was pressure upon and irritation of the sacral and lumbar nerves, involving perhaps also the ganglia of the sympathetic, as a result of which there ensued the intense neuralgia of the neck of the bladder and rectum, with spasmodic contraction of the erector penis and accelerator urinae muscles, together with the sphincter and levator ani. This was attended by a similar contraction of the lower fibres of the recti and other abdominal muscles. The singularity of these symptoms, the very curious retraction and coldness of the penis, the phantom tumor of the right groin, and the occasional evacuation of an apparent abscess, all deserved further analysis.

Dr. SMITH hoped some member of the Society might be able to suggest the true explanation of a train of symptoms that was certainly anomalous.

Dr. BARTON brought to the notice of the meeting the case of Mrs. L., aged 25, married, who has been suffering one week with great pain in the back, and a sense of fulness in the pelvis, with great desire to micturate, but is able to do so only once in the twenty-four hours. She has not menstruated for three months. On examination, the uterus was found to fill up the pelvis, the os high up under the pubic symphysis and the fundus in the hollow of the sacrum, the retroverted enlarged uterus thus pressing slowly upon the neck of the bladder, interfering with micturition. After placing the patient upon her hands and knees, and emptying the bladder, strong pressure was made upon the fundus by the fingers, and subsequently by a large sound, but without success. The patient complained bitterly; and, indeed, all the force was used that could safely be exerted. Cazeau states, "when we are unable to replace the retroverted pregnant uterus, in consequence of adhesions, and the symptoms are at all urgent, abortion should be induced."

Dr. SMITH advised the use of Dr. Henry Bond's instrument reported in the *American Journal* about 1850.

Dr. BARR suggested the use of the colpeurynter, equable, persistent pressure being kept up by it for two or three days.

Dr. GROVE referred to a case of Dr. Harlan, of this city, published in the *Pennsylvania Hospital Reports* for 1869. The case was one of retroversion of the gravid uterus, treated in the St. Mary's Hospital by introducing into the vagina a colpeurynter, and gradually inflating it while the patient was under the influence of chloroform. It resulted in restoring the uterus to its normal position, but was followed by abortion.

Dr. COLLINS mentioned that he had seen at the post-mortem of a lady, aged 53 years, dying of exhaustion from dyspeptic symptoms, a stomach the greater curvature of which measured thirty-six and a half inches.



# PHILADELPHIA MEDICAL TIMES.

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WEDNESDAY, MAY 15, 1872.

## EDITORIAL.

### DR. SCHOEPPÉ.

SOME three years ago, a German doctor practising in Carlisle was tried for killing, by means of poison, one of his patients,—an elderly single woman named Stenicke,—convicted, and sentenced to be executed. Although an application for a new trial, made shortly after, was unsuccessful, yet he has neither been hanged nor pardoned, but still lies in Carlisle jail. A recent application for a new trial was granted, and in August next the man is to be again tried for his life. The expense of his defence will amount to about five or six hundred dollars, and that money must be contributed by those who are interested in the case.

It is notorious that the chemical analysis made by Dr. Aiken, Professor of Chemistry in the Baltimore Medical College, which furnished the principal ground of the verdict, has been pronounced by many of the best chemists in the country to be exceedingly defective, and entitled to no confidence whatever. Such was shown conclusively to be its character by Drs. Himes and Wormley, who testified at the trial. The autopsy, which was supposed by the government to furnish strong confirmatory proof of poisoning, was made in a most bungling manner, and actually proved nothing but the incompetence of the man who made it. The evidence of the medical men who testified, on the side of the government, as to the significance of the symptoms, was simply a wonderful display of ignorance and foolish presumption.

Among the purposes of this trial, besides that of saving life, is that of averting from this community the disgrace of a verdict rendered in the very face of the most explicit testimony of true science, and especially that of protecting the medical profession of this State against the effect of a precedent on the strength of which any member of it, however skilful or respectable, may be convicted of murder in the first degree. It is no extraordinary thing for patients to die under circumstances that raise a suspicion of poisoning among credulous or ill-natured people. Let circumstances, easily conceivable, favor the arrest and trial of the attending physician, what chance of safety would he have against such evidence as produced the conviction of Schoeppe?

The question to be settled next August is not merely that of the guilt or innocence of Paul Schoeppe, but whether every physician in the community is not in momentary jeopardy of life. Do we mistake, then, in saying that the profession is deeply interested in the result of this trial, and, consequently, that it should furnish the means of making it a fair one? Accordingly, we now solicit contributions for this purpose. A committee which was raised to furnish the means of defence at the first trial is still acting, the members of which, whose names we give below, will receive contributions for the same purpose at the next trial. It is desirable, however, that they be made speedily.

Dr. Fricke, 225 North Sixth St.; Francis Wells, Esq., *Evening Bulletin* office; Geo. W. Northrop, Esq., 615 Walnut St.; G. Kellner, Esq., *German Democrat* office; Professor Oswald Seidenstricker, 1016 Cherry St.; Dr. I. Ray, 3509 Baring St.; A. Eugene Smith, 615 Walnut Street.

### OUR NOTICE OF DR. TURNBULL'S WORK.

DR. TURNBULL has written to us, complaining of the notice of his work which appeared in the number of this journal for March 1, 1872. He has transmitted to us the letters of several distinguished otologists, all of whom agree that the notice was in one respect unfair. Rather than trouble our readers with the correspondence, which would occupy nearly a page of our journal, we referred the matter to the gentleman who wrote the notice, knowing that if he had made a mistake he would have the candor to acknowledge it, and have received from him the following note:

"In reviewing Dr. Turnbull's work upon the Diseases of the Ear, we drew attention to the author's failure to make any mention of the 'menisci,' or interarticular cartilages in the chain of ossicles.

"From the frequent references made by various otological writers to the presence of such an interarticular cartilage, and having ourselves seen it several years ago in Stricker's laboratory, we were led to the erroneous conclusion that not to make any mention of the meniscus in such an extended treatise as that of Dr. Turnbull must be regarded as a great oversight. Yet we find, upon looking up the subject, that before Rüdinger's\* publications no one deemed this tiny structure worthy of the dignified appellation of *meniscus*.

"As these publications did not make their appearance before the latter part of 1871,—not until after Dr. Turnbull's work went to press,—he of course could then have had no knowledge of their contents. We find them, however, cited in his bibliographical list, which was printed later than the rest of the work.

"MAY 6, 1872."

We simply add that we were in this instance, as we have always been, exceedingly careful in the selection of a reviewer, and have every reason to believe that the notice, except in the point above alluded to, was a perfectly just one.

\* "Histologie des Gehörorgans," 1871.

"Der Meniscus in dem Hammer-Ambosgelenk," *Monatsschrift für Ohrenheilkunde*, iv. 9, 1871.

## THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

THE proceedings of the American Medical Association will be found fully reported in the current number of this journal. They have encroached so largely upon the space usually reserved for editorial matter, that we must for the present defer comment upon them. The meeting was a very large one,—the largest in the history of the Association,—over seven hundred delegates being admitted to seats. The sessions were, we are glad to say, harmonious; some feeling, it is true, was excited by the report of the Committee on Ethics against the admission of the delegates from the Howard Hospital, Washington, D.C., but this did not lead to any uncontrollable disorder.

From the variety and extent of the entertainments offered to the delegates, we have no doubt that the meeting in this city will be remembered with pleasure by them.

## REVIEWS AND BOOK NOTICES.

EARTH AS A TOPICAL APPLICATION IN SURGERY. By ADDISON H. HEWSON, M.D., one of the Attending Surgeons to the Pennsylvania Hospital. "What relates to Truth is greater than what relates to Opinion." 12mo, pp. 309. Philadelphia, Lindsay & Blakiston, 1872.

To those members of the profession who have been acquainted with the surgical practice of the Pennsylvania Hospital during the last two or three years, the views of this distinguished member of its staff will appear as twice-told tales. There is hardly any surgical proceeding which has been more generally commented upon in this country than the one so strongly advocated by Dr. Hewson in this book; and, though subjected to criticism often of an adverse character, yet we think the general desire upon the part of surgeons has been to submit it to a fair trial, and many have experimented with it in their own practice.

The author in great measure limits himself to an examination of the chemical action of earth, thinking that in this manner the claims of the treatment will be best supported and its advantages most fully evidenced. Ninety-three cases are given in detail, which are interesting in themselves as records of clinical work, and among which will be found every grade of injury, from the laceration of a finger to the amputation of the thigh. Differing widely as they do in degree and extent, one point of resemblance, however, runs through all; for in extirpation of the eyeball, removal of hæmorrhoids, or the operation for the relief of vesico-vaginal fistule, in all alike was earth freely applied, with results eminently satisfactory to the surgeon, and generally with equal satisfaction to the patients,—though with the last-named Dr. Hewson found, as he anticipated, some prejudice and opposition to contend against.

The author's comments upon the cases he records are divided into—I. Effects as to the contact of the earth with the part; II. Effects naturally incident to the cases; III. Its power as a deodorizer; IV. Its influence over inflammation; V. Its influence over putrefaction; and, VI. Its influence over the healing processes; and in each case the results are regarded as generally favorable to the earth-treatment.

The remainder of the volume—upwards of one hundred pages—is occupied with a consideration of the *modus operandi* of the earth-treatment,—its philosophy being supposed to consist in the deoxidizing power of clayey earths, together with the property they have of furnishing to the tissues that dubious substance, ozone. Dr. Hewson concludes his work by claiming "for earths possessing such silicates (double salts of soda, potash, lime, and ammonia) a positive power to aid formative action in the flesh when brought in close contact with it."

To those of our readers who may not be familiar with the method of applying earth, we will say that the process is very simple: yellow clay or clayey earth, such as underlies large portions of Pennsylvania, is well dried,—not roasted,—finely powdered, sifted, applied directly to the surface of the wound and retained there by any form of surgical appliance, and the dressing is changed as often as it becomes saturated with the discharge.

The cases of which clinical histories are given will be read with interest, furnishing as they do the strongest kind of argument which can be adduced in favor of the plan of treatment. From them each reader will draw his own conclusions, and probably be induced to submit the plan to an *experimentum crucis* at his own hands rather than labor through the dull and doubtful agricultural chemistry with which the book is somewhat heavily loaded. We can hardly claim to be an expert in this latter branch, but General Pleasonton's experiments, cited by Dr. Hewson, in which both animal and vegetable life are reported to have prospered best under blue glass, have always appeared to us delusive, inasmuch as there could be no actual increase of blue rays, but merely a detention of the other rays which go to make up white light. Indeed, we notice that M. Bert has recently shown, in a communication to the French Academy of Sciences, that while plants do better under blue glass than under that of any other color, pure white light is immeasurably superior in promoting vegetable growth.

This book has been looked for with considerable interest by the profession, and we congratulate Dr. Hewson on the issue of his open and manly defence of the views he has so vigorously advocated in the face of considerable opposition.

The illustrations by the new Woodbury process, four in number, look to us neither better nor worse than ordinary photographs, which at best show reparative changes but poorly; and we are unable to see from these pictures any evidence of better results following the earth-treatment than can easily be selected in ordinary hospital-practice conducted upon older methods.

ANÆSTHESIA, HOSPITALISM, HERMAPHRODITISM, AND A PROPOSAL TO STAMP OUT SMALLPOX AND OTHER CONTAGIOUS DISEASES. By SIR JAMES Y. SIMPSON, Bart., M.D., D.C.L., late Professor of Midwifery in the University of Edinburgh. Edited by Sir W. G. SIMPSON, Bart., B.A., etc. 8vo, pp. x., 560. New York, D. Appleton & Co., 1872.

On the authority of Addison, that colossus of learning Dr. Johnson defines a genius to be "a man endowed with superior faculties;" and it will generally be admitted that the definition accurately describes the lamented Sir J. Y. Simpson, the second volume of whose collected works, edited by his son, forms the subject of this notice. Few men have exhibited such versatility of talent, or possessed characteristics of intellect and heart so well calculated to excite the admiration and esteem not only of his professional brethren but of the world at large, as the late occupant of the chair of Midwifery at Edinburgh. Remarkable for brilliancy of conception, and abundantly able to present his ideas in an attractive dress, he has perhaps done more to astonish the medical profession by striking propositions than any other man of his time, and by turns each division of it received instruction from him.

The name of Professor Simpson will always be associated with the subject of anæsthesia, and especially with the introduction of chloroform. How vigorously he strove to bring these subjects to the notice of physicians is amply evidenced by the volume before us, one-half of its bulk being occupied with what he wrote about them; yet much of it is now interesting only in an historical point of view, and as displaying the character of the author. Some of his latest papers, being the controversy with Dr. Jacob Bigelow on the discovery of anæsthetics, occupy the first place in the book. To us the true state of the case appears to be as follows: in America the applicability of anæsthetic agents for the relief of pain in surgical operations was found out, while to Dr. Simpson belongs the credit of their application to assuage the pangs of labor, with the suggestion and introduction of chloroform as a substitute for ether. But we have no intention of reviving controversy, which is almost always objectionable and generally uninteresting to those outside the arena of strife. The whole matter is now narrowed down to a question of the relative

merits of ether and chloroform, each form of anæsthetic having devoted advocates; and the subject cannot be regarded as settled, for even as we write we observe that in St. George's Hospital, London, ether, so long contemned, has been subjected to further experiment, attended with a satisfactory result. The various experiments made by Professor Simpson, and his investigations into the locally anæsthetic effects of chloroform and carbonic acid, are also included in this first division, which covers 288 pages, and is composed of six parts, entitled, respectively, History of Anæsthesia; Defences of Anæsthesia; The Nature and Power of Various Anæsthetic Agents; Applications of Anæsthesia in Surgery and Medicine; Applications of Anæsthesia in Midwifery; and Local Anæsthesia.

Hospitalism has the second place in the volume before us, under which head are included some of Sir James's latest contributions to medical literature, and which form by no means the least interesting portions of the book. Their general tenor is well known, as is the active controversy with Mr. Holmes and others to which their first publication led. The subject is an extensive one, and yet *sub judice*, but the tendency seems decided to adopt, with more or less fulness of detail, plans of hospital construction based upon the idea that "there is safety in segregation, danger in aggregation."

Hermaphroditism is the subject next treated of, the paper being the classical article on that topic contributed by Sir James to the Encyclopædia of Anatomy and Physiology. The essay, as now printed, contains observations on the pro-ovarium and vesiculae seminales made since its first publication, and three later cases, with which exceptions it stands as at its first appearance in 1839. Much as its author did to establish a reputation by his other writings, we regard this treatise as evidencing a higher capacity for scientific work than any other of his productions with which we are acquainted; and had we written such an essay, even though it stood alone, we should be satisfied that our name would not be forgotten.

The proposal to stamp out smallpox and other contagious diseases, which concludes the volume, will attract many by its title and be read with interest at the present time, when the first-named affection is so extensively prevalent, though really possessed of less intrinsic value than any other article in the book. To accomplish this very desirable result,—namely, the obliteration of these scourges of humanity,—in addition to thoroughly compulsory vaccination and revaccination, the following regulations are insisted upon as essential: 1. Immediate notification of the proper authorities of the existence of a case of disease; 2. The complete isolation, at home or in hospital, of the sick and *convalescent*; 3. Surrounding those affected with attendants who are insusceptible to the poison, and therefore incapable of conveying it; 4. Proper disinfection of the persons, bedding, clothing, and dwellings of both sick and attendants. That such measures, invariably carried out, would diminish the number of cases, we have no doubt,—and some such expedients have been adopted in most American cities; but for smallpox, at least, without compulsory vaccination in both city and country, we fear no other means will be found of much avail.

The book is well edited by Sir W. G. Simpson; and we regard the fact of his being a layman as advantageous to the profession, since it is probably owing to this circumstance that we are permitted to enjoy an edition of his father's works so little encumbered by a commentary in foot-notes. A general index, and one showing the original sources from which these reports are derived, complete the volume.

We have noticed no typographical errors, and the printing and paper are both excellent,—reflecting credit upon the publishers; while the book is of a most convenient size.

#### PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION.

THE Association met in Horticultural Hall, Philadelphia, Tuesday, May 7, 1872, and was called to order by Dr. D. W. Vandell, of Kentucky, who was elected President at the preceding annual meeting held in San Francisco. The following Vice-Presidents were also present: Drs. Thos.

M. Logan, of California; Charles L. Ives, of Connecticut; R. F. Michel, of Alabama; and J. K. Bartlett, of Wisconsin.

Rev. William Bacon Stevens, M.D., D.C.L., Bishop of the Protestant Episcopal Church in Eastern Pennsylvania, opened with prayer.

The President then introduced Prof. Robert E. Rogers, of Philadelphia, who welcomed the delegates to the city on behalf of the committee of reception, of which he was chairman, and of the medical profession of Philadelphia.

Dr. Edward Hartshorne, on behalf of the committee of arrangements, announced the extensive preparations made for the entertainment of the visitors.

The President then delivered his annual address. He began by approving the migratory character of the Association. If it were stationary, he said, its meetings would no doubt be attended by many, and it would, while conducted with wisdom and moderation, exert a good influence upon the profession all over the country. But its influence is incalculably enhanced by its journeyings from point to point. In this way multitudes are brought into sympathy with it who otherwise would never attend one of its meetings or read a page of its proceedings. Whatever else may be denied the Association, no one can hesitate to admit that it is grand in its annual migrations. No other medical body ever in the same time traversed spaces so vast.

After alluding to the novelty of scenes met with a year ago in California, he said the present visit to Philadelphia was also one of peculiar interest, on account of the historical associations of this city. After a brief survey of the physicians whose names are inseparably connected with the early history of Philadelphia, he alluded in touching language to the recent death of Dr. Samuel Jackson. The orator then considered the wide-spread feeling of discontent which has been for many years manifested in respect to the present system of medical instruction. He did not share in the gloomy views of the future which many have expressed; but, while admitting the grave defects in the prevailing system, he thought too much importance had been attached to a liberal education. He reviewed the plan of instruction adopted in Germany, and concluded that the great demand in this country was for practical physicians, rather than for those learned in the languages. Great stress was laid on the importance of clinical teaching.

The orator then alluded to the woman question, which has agitated the Association at previous meetings. He contended that there was a psychical as well as a physical difference between men and women; and, while admitting that women might succeed in some lines of the medical profession, he thought there were certain paths which, for the honor of the sex, he hoped they would never aspire to tread.

He added, "I have strong doubts whether female physicians will ever become very numerous. Their own sex does not incline very much to them. The movement which is now startling the world by its din will probably end in no great results. But it depends on the public. What the people decree in this matter is a law to which all, we and the women alike, must bow submissively. If they want women doctors, such will be found ready to meet the demand. If those now pressing forward in their studies so eagerly find their services are not wanted, they will take down their signs, get married, become lecturers, or turn to some more lucrative employment. I hope they will never embarrass us by a personal application for seats in this Association. I could not vote for that."

The following resolution, offered by Dr. H. F. Askew, of Delaware, led to a long discussion, and was finally agreed to without a dissenting vote:

"Resolved, That all questions of a personal character, including complaints and protests, and all questions on credentials, be referred at once to the Committee on Ethics, and without discussion."

The President announced that the Committee on Ethics would be composed of Drs. H. F. Askew, of Delaware; N. S. Davis, of Illinois; Calvin Seavey, of Maine; J. K. Bartlett, of Wisconsin; and Samuel D. Gross, of Philadelphia.

The Association adjourned at two o'clock.

In the evening, the Biological and Microscopical Section of the Academy of Natural Sciences received the members in the foyer of the hall, where about one hundred microscopes, with



gas-burners to afford the requisite light, had been arranged. The slides contained many interesting specimens of natural history, and were inspected by a throng of ladies and gentlemen until a late hour. The body of the hall was set apart for promenade, and music was provided to add to the pleasure of the occasion.

*Second day's proceedings.*—The meeting was called to order in the morning by Dr. T. M. Logan, of California, one of the Vice-Presidents, the President being temporarily absent.

The Association was then adjourned for ten minutes, to allow the delegates to consult with each other and to elect one from each State and Territory to form the Nominating Committee.

While this was being done, the papers, tables, etc. in use by the officers of the Association were transferred to Dr. Wylie's church,—First Reformed Presbyterian,—Broad Street, below Spruce, where the delegates afterwards convened; and the remaining portion of the business was transacted in that edifice. The reason assigned for this change was that the voices of the speakers could not be distinctly heard in Horticultural Hall. After arriving at the church, the members were called to order by the President.

Dr. Bronson offered the following as an amendment to the by-laws:

"Resolved, That the Committee on Ethics, to consist of seven members, be elected by the Nominating Committee."

The President said this would have to lie over for one year. The author of the proposed amendment then desired to have it offered as a resolution.

The Chairman decided that, the committee having already been appointed by him in accordance with the existing law on this subject, the resolution could not take effect for another year.

Dr. Bronson.—The resolution need not lie over because of anything contained in the constitution, but it will lie over in its effect; that is to say, the committee appointed under it will perform the functions of their office next year, and not to-day.

The President then put the motion of Dr. Bronson, and declared it lost.

The justice of this decision was questioned, and the President then put the appeal to the house. Before the result was announced, Dr. Bronson said, "There has been a doubt expressed, and I should like to state to the Association my reasons for offering that resolution."

President Vandell.—The decision of the Chair was appealed from, the vote was put, and the Chair decides that the Chair was sustained.

Dr. Bronson, however, insisted upon making an explanation. The Chairman permitted him to speak, though in violation of the rule.

Dr. Bronson said, "I was about to say that, at the organization of this Association, the questions which came before the Committee on Ethics were of very little interest to a large portion of this convention. The committee was considered of so little importance that it was not originally a part or parcel of our constitution or by-laws; but within the last few years, every gentleman who is familiar with the acts of this Association is aware that discordant elements have been introduced here, which have consumed time and produced friction in this body; and it has been owing in part to the fact that the presiding officers of this Association have exercised their undoubted right by indicating of whom that committee shall consist. If the President of this Association had any special predilections on this or that question, he would be very apt to appoint a committee in sympathy with him. Hence it is that dissatisfaction has been produced among a large number of the delegates. With the view, therefore, of correcting that evil, it has occurred to me that if each State and Territory had a voice in the formation of that committee, the difficulty would be removed; that it would prove a balm and a poultice to this Society, rather than an element of discord. This was the object I had in view when I introduced this resolution; not that I had anything to say against the action of any of our Presidents, for they have all acted as I would, no doubt, have acted myself."

The President said he would put the question to the house again, so as to show perfect fairness. He did so, and again decided the resolution lost.

A division was called for, and 167 voted in favor of 187 against the resolution, which was again declared lost.

Dr. N. S. Davis, of Chicago.—I hold in my hand a preamble and resolution. In passing it, it seems to me that it would be calculated to do good in at least one section of our country; and I can see nothing in it that any man could object to.

[This resolution will be found in the report of the Committee on Ethics.]

Dr. Davis.—I would move that the resolution be adopted, simply because I deem it worthy of our action. I am sure that as the Massachusetts Association is carrying the matter now to the civil courts, if we can give them a word of encouragement it will be of service.

Dr. Baldwin moved to refer the matter to the Committee on Ethics. It was so referred.

Dr. Francis Gurney Smith, of this city, chairman of the Committee on Publication, presented his report. It set forth that 750 copies of the Transactions of the Society had been published, at a cost of \$1549.39. Of these, 475 volumes were distributed to members, including 23 to various medical journals, and 88 copies are still due to members. The work was completed and issued early in November. The report concluded by reminding the members of a resolution passed in 1870, that all members who failed to comply with the rules of the Association within one year forfeited their right to a copy.

Dr. Caspar Wister, of Philadelphia, Treasurer of the Association, reported that the Association last year exercised a praiseworthy discrimination in the selection of the material furnished for publication, and consequently the volume of Transactions was smaller, more compact, cheaper, and more desirable to the profession than heretofore. The edition was published at a price which leaves a balance on hand for the use of the Association when it may hereafter become forgetful of its prudence and refer a great mass of manuscript for publication. The Treasurer counselled care in the adoption of prize essays, for out of this has arisen a considerable expense. The treasury is depleted annually to the extent of \$200, which it can ill afford. The account current shows a balance in hand of \$1005, being about \$300 more than was in hand last year. The Treasurer asked the Association to bear in mind that there are no discretionary powers vested in the Committee on Publication. They must publish everything which is referred to them by the Sections. Referred to the Publication Committee.

The Chairman took this occasion to suggest, for the consideration of the house, in addition to the view just presented by the Treasurer, that if there is a remedy for the evil complained of it should be adopted. "The result of the present action is, that we pay for a thing the real value of which we have known for a long while."

Dr. J. S. Weatherly, of Alabama, chairman of the Committee on Medical Education, presented a report, which, he said, was signed by Dr. J. M. Toner and himself. The committee recommend an appeal, to be addressed by the Association to the different authorities, asking that no more charters be granted by State legislatures to colleges which do not adopt the plan to be hereafter recommended by this Association, and that all colleges now in existence which do not fulfil the requirements of this standard forfeit their charters. The committee also recommend the scheme of Dr. Bartlett as feasible and practicable. An institution founded upon his plan would soon regulate all other medical institutions in this country. The committee further suggest the establishment of a national Academy of Medicine, as recommended by Dr. Moses, of Missouri; it urges that the Association take into serious consideration the expediency of publishing a monthly journal, under the auspices of this body, instead of the annual volume of Transactions, as heretofore published. The editor is to be elected annually by the Association. "It is confidently believed that not only the profession, but also the people, would be favorably influenced by this means, as the journal would be read by many who never see the Transactions." The committee recommend that the Association take decided action to make itself felt as the head of the profession in the United States, by demanding a proper standard of membership, and by publishing to the world that colleges which do not observe certain rules shall not be entitled to representation. The

committee urge that a congress composed of delegates from the medical colleges assemble to fix upon some uniform and improved plan of medical instruction, which shall be recognized as the only system of medical instruction in this country. Referred to the Publication Committee.

Dr. F. A. Ashford, the Librarian, reported that the increase in the library of the Association had been considerable. He suggested that the volumes of the Transactions now on hand be placed in his hands, to be exchanged for books upon other subjects. No money had been received by him. Referred to the Publication Committee.

Dr. Francis G. Smith, of Philadelphia.—In the absence of the chairman of the Committee on Prize Essays, who is detained at home by a sad bereavement in his family,—the death of his son,—and who has commissioned me, as the second member of his committee, to act in his place, I will present the report to the Association. Four essays were submitted to the committee; of these, one was withdrawn by its author, and the remaining three were carefully examined by the committee. Two of them did not fulfil the conditions which are to determine the disposition of the prize. The third one did,—that is, it presented the condition of original research. The title of that essay is, "What Physiological Value has Phosphorus as an Organismal Element?" and it bears a Latin motto,—*"Ne tentes, aut perice."* The name of the author is Samuel R. Percy, of New York City.

Dr. T. Parvin, of Indiana, chairman of the Committee on Medical Literature, reported that he had addressed a letter to each of his four associates,—Drs. J. P. Whitney, of California, G. Mendenhall, of Ohio, H. Carpenter, of Oregon, and L. P. C. Garvin, of Rhode Island. He received replies from the two last-named only. Dr. Carpenter said he had nothing to communicate. Dr. Garvin sent a long letter, which was read, and which contained observations in reference to the national literature and suggestions for its improvement. The writer asserted that we have an American medical literature of which every one should be proud. This very city has produced works which would make quite a library of themselves, and without which no medical library, however vast and various its volumes, would be complete. The names of four of the living authors of Philadelphia who specially deserved mention are George B. Wood, Hugh L. Hodge, Isaac Hays, and Samuel D. Gross. Our literature, he says, is practical in character. Although we may boast of the grace and beauty with which Dr. Chapman clothed his thoughts,—of the flashing declarations of the late Dr. Meigs,—of the calm dignity and ornate periods of Dr. Wood,—yet generally our American authors give less heed to language than to ideas. If an author wishes to catch the ear of an American physician, he must have something useful to say, and must say it quickly. The committee favored the idea of offering a triennial prize of six hundred dollars for the best essay, instead of the present plan of giving two hundred dollars to be divided between two each year. They suggested that the chairman of each Section deliver an address to his Section, as likely to relieve some of the irksomeness of listening to dry essays. A large portion of this report was devoted to advocating the publication of a national monthly journal, under the auspices of the American Medical Association. Referred to the Publication Committee.

Dr. J. D. Jackson, of Kentucky, chairman of the Committee on American Medical Necrology, submitted his report, which was referred to the Committee on Publication without being read.

Dr. Stetler, of Pennsylvania, presented the following:

*"Resolved,* By the American Medical Association, that no report or paper which is referred by it to the various Sections shall be referred by the latter to the Committee on Publication without first having been examined and approved by two-thirds of the members present at said Section."

This was discussed by several members, and was finally indefinitely postponed.

In the evening a lecture was delivered by Dr. H. D. Noyes, on "The Relation of Disease of the Inner Structure of the Eye to other Affections of the Body," illustrated by ophthalmoscopic pictures in the magic lantern, in the chemical lecture-room of the Medical Department of the University of Pennsylvania.

At eight o'clock, Professor Robert E. Rogers gave a brief

lecture, with demonstrations of electrical phenomena, in the same hall.

The delegates, with the ladies who accompanied them, then proceeded to the residences of Dr. William H. Pancoast and Dr. Hugh L. Hodge, where they were hospitably entertained.

By invitation of Dr. Addinell Hewson, one of the Attending Surgeons, the delegates visited the Pennsylvania Hospital on Thursday to witness the operation of amputation of the hip-joint.

*Third day's proceedings.*—The Secretary read the following, which was adopted in the College of Physicians, in Philadelphia, May 1, 1872:

*"Whereas,* Cases of accidental poisoning and of the internal administration of medicines intended only for external use are so frequent; and

*"Whereas,* Every possible safeguard should be employed to prevent such accidents; therefore

*"Resolved,* That it is recommended to all druggists to place all external remedies in bottles not only colored so as to appeal to the eye, but also rough upon one side, so that by the sense of touch no mistakes shall be possible even in the dark; and that all bottles containing poison should not only be labelled 'poison,' but also with another label indicating the most efficient and convenient antidote."

Dr. Sayre, of New York, moved to adopt these resolutions. Agreed to.

Dr. Alexander W. Stein, of New York City, presented the following:

*"Whereas,* It has long been recognized that diseases of a dangerous and fatal nature are transmissible from animals to man, and that certain zymotic affections, which are common to both man and animals, do very frequently manifest themselves first in the latter and subsequently in man, thus warning us that to be indifferent to the condition of the inferior animals is to introduce and create centres of disease among ourselves; therefore,

*"Resolved,* That a committee be appointed to ascertain what measures can be instituted to prevent the extension of such diseases to man, and what sanitary measures can be effected to arrest the progress of such diseases in animals, the committee to report next year."

This was adopted.

Dr. Francis G. Smith, chairman of the Committee on Nomenclature of Diseases, reported that, in accordance with instructions given to them by the Association in 1870, they had prepared a nomenclature to be adopted and observed by the practitioners of the United States.

The report had appended to it the following:

*"Resolved,* That the report of the Committee on Nomenclature of Diseases be referred to a special committee of five members, to be appointed by the President, who shall examine it and report upon its final disposition at the present meeting of the Association.

*"Resolved,* That on the favorable report of said committee it shall be referred back to the Committee on Nomenclature for the preparation of an index."

Dr. Woodward, of Washington, offered a minority report, which mainly differed from the report of the majority of the committee in the resolution appended.

The minority report that, while they have the highest respect for the ability and learning of those members of the committee whose residence in Philadelphia has enabled them to attend to its meetings and aid in the production of the report just read, they nevertheless feel it a duty to express their earnest convictions that the adoption of a nomenclature and a classification by this Association is a matter of too great importance to be acted upon hastily, and before any of the members of the Association, except a part of the committee, have had any opportunity to examine for themselves the nomenclature and classification which it is now proposed that we shall adopt. The minority of the committee had no opportunity to examine the proof-sheets of this work until the commencement of the present meeting.

The resolution accompanying the minority report was as follows:

*"Resolved,* That the nomenclature and classification just submitted by the committee be published in the Transactions; that one thousand extra copies be printed in cheap pamphlet

form and distributed to the profession; and that the question of the adoption of the nomenclature and classification by this body be postponed until the next annual meeting."

The minority report was adopted, after considerable discussion.

Dr. Wm. O. Baldwin, of Alabama, chairman of the Committee on Nomination, reported that the following officers had been selected to serve during the ensuing year:

*President*, Dr. Thomas M. Logan, of California.

*Vice-Presidents*, Drs. B. H. Catlin, of Connecticut; McPheeters, of Missouri; Pollock, of Pittsburgh; and Briggs, of Tennessee.

*Treasurer*, Dr. Caspar Wister, of Philadelphia.

*Librarian*, Dr. William Lee, of Washington, D.C.

*Permanent Secretary*, Dr. William B. Atkinson, of Philadelphia.

*Assistant Secretary*, Dr. Montrose A. Pallen, of St. Louis.

*Committee on Library*, Dr. J. M. Toner, of Washington, D.C.

The place of the next meeting—St. Louis, Missouri.

The report of this committee was adopted.

Dr. T. M. Logan, of California, chairman of the Committee on a "National Health Council," made a long preliminary report, and asked to be continued and to be constituted a special Section on State Medicine and Public Hygiene, to which all subjects cognate thereto may be referred. Agreed to.

Dr. Askew, from the Committee on Ethics, presented a report, which was read by Dr. Davis.

In relation to the preamble and resolutions offered by Dr. Davis touching the Massachusetts Medical Society, the committee recommended them for unanimous adoption by the Association. They are as follows:

"*Whereas*, It has been represented that the Massachusetts Medical Society considers that its delegates to the annual meeting of the American Medical Association in Washington, May, 1870, were unjustly excluded by the Committee of Arrangements; and

"*Whereas*, The action of the Committee on Ethics, at the same meeting, in refusing the right of said Committee of Arrangements to exclude the Massachusetts delegation, is not yet fully understood by that Society; therefore,

"*Resolved*, That the Association acknowledge the great and effective efforts of the Massachusetts Medical Society to elevate the profession and to suppress quackery of all sorts, and especially assure that Society of encouragement and support in its present exertions to rid itself of all pretenders."

This was agreed to by the Association.

The committee reported in regard to the official communication of the Corresponding Secretary of the Medical Society of the District of Columbia, certifying that Drs. Bowen, Bond, Williams, Crouse, Phillips, and others have forfeited their membership in that Society by reason of not having paid their dues for three years, and after repeated notice of the fact and its consequences, that it recommends that their names be stricken from the roll of membership; and also the same action in regard to Dr. D. W. Bliss, who is under sentence of expulsion from that Society. Unanimously adopted.

In regard to alumni associations of medical colleges, the committee reported that it does not consider them such medical societies as are intended by the constitution to be eligible for membership; and hence they recommend that no delegates be received from any of the alumni associations of any of the medical colleges from any part of the country. Unanimously agreed to.

In regard to the Pathological Society of Berks County, Pa., the registration of whose delegates had been postponed on account of the protest alleging the want of good standing on the part of that Society, the committee postponed action, from the want of proper evidence.

The committee offered the following:

"*Resolved*, That members of the profession hired by the month or year for definite wages, by families, railroads, manufacturing incorporations, or any money-making institution whatever, for ordinary surgical or medical practice,—always excepting eleemosynary and charitable institutions and hospitals,—are to be classed as irregular practitioners, and, therefore, disqualified for membership in this Association or in State or County Societies."

Dr. Weatherly moved to refer this question back to the State Societies. Agreed to.

In regard to the Academy of Medicine of Washington, D.C., the Freedmen's Hospital of the District of Columbia, and the Howard University of Washington, D.C., the registration of whose delegates had been postponed by the Committee of Arrangements on account of want of good standing on the part of those institutions, as indicated by the action of this Association in 1870 and 1871, the committee reported the facts as follows: First, that this Association, at its meeting in San Francisco in 1871, by the emphatic vote of 83 to 26, refused to so amend the constitution as to admit delegates from colleges in which women are taught and graduated in medicine, and from hospitals in which women, graduates in medicine, attend. Second, that this Association, in 1870, declared, by an almost equally emphatic vote, that a medical society constituted in part by members who were not licensed to practise in accordance with the civil law governing such cases in certain States, is not entitled to representation in this Association. Third, that Sections 3, 4, and 5 of the Act of Congress passed July, 1838, incorporating the Medical Society of the District of Columbia, and which has been the law regulating the practice of medicine in that District up to the present time, require all persons coming into the District to practise medicine to apply for, and within six months obtain, a license to practise from the Board of Examiners; and to effect that purpose make it a misdemeanor, accompanied by a fine of fifty dollars, to practise without such license. Fourth, that it has been proven by the testimony of several witnesses that the Medical Society of the Academy of Medicine of Washington now contains in full fellowship at least four or five members who have never applied for and obtained licenses to practise, and yet are actually practising medicine, and three of whom are on the list of delegates sent by that Society to this Association; also, that one of them is a member of the medical staff of the Freedmen's Hospital, and also that several of the faculty of the Howard University are members of the same Academy of Medicine, and one of the teachers is a woman.

In view of these facts, the committee cannot regard either of the three institutions named as in good standing, whether tested by civil law, by the former decisions of this Association, or by its code of ethics; and hence the committee recommends that the delegates from those several institutions be not admitted into this body.

Dr. Rayburn.—In regard to this question, it seems to me one of the most important that has ever come before the American Medical Association, because it involves, not the right of a few persons only, but it embraces indirectly certain subjects which concern the future welfare and even the existence of this Association. As our system in Washington is different from that of any other part of the country, I ought to say a word about it. There is in the District of Columbia a medical society whose charter authorizes it to give a license to every applicant, either upon examination or upon the exhibition of a diploma. This Society, in the exercise of this right, has claimed in each case the sum of ten dollars. The members of it claim that it is legal to license not only regular, but even irregular, practitioners, and they have licensed homeopathic practitioners.

Dr. Tyler.—Can the gentleman name a homeopathic practitioner?

Dr. Rayburn.—I can, sir. Dr. Piper, who died some time ago, had a license.

Dr. Tyler.—Well, he is dead, and his certificate died with him.

A member said that Dr. Piper was a regular practitioner at the time he procured his license.

Dr. Rayburn.—I will state in regard to that matter that I have information from the censors of the Society that they would give, and were compelled to give, a license to every man who applied for one. I very much regret that this matter again comes up to-day. Two years ago we had an acrid debate on an allied topic. What is our offence? Take the instance of the Howard University. They claim to receive all who apply for medical education, without making any distinction as to sex or color. If this Association see proper to decide that institutions of that class shall not be represented, of course it has the power, and we must yield;



but, at the same time, gentlemen, before you commit yourselves to this course before the world, think what you are doing. The Medical Department of the Harvard University now receives and has graduated young colored men for the profession. Harvard also receives women; and yet you will not condemn them. I hope that the members of this Association will not vote upon this question until they can do so understandingly, because I believe that this is the real question underlying the whole of this difficulty,—that it is the real origin of all this opposition.

I may say of myself that I have never since the time of our last meeting had anything to do with the old Society. I had thought and hoped that the old enmity had been buried, and I came here expecting no dispute. I was assured by old members of this Association that there would be no opposition. I see before me men of the highest talent,—some of the greatest men of our profession. Will they commit themselves to the idea that only a certain class of men shall be admitted? We may consider that women should not practise medicine, but have we the right to exclude them? Every human being should have the right to the very highest development that God has made them capable of [applause], and I had hoped that the American Medical Association would properly understand the real bearing of this question.

In regard to the candidates who have been refused admission from the Academy of Medicine, I may say that this academy was founded for the discussion of medical topics, and we who had belonged to the old Society, and had worn that yoke until it galled us, joined the new one that we might express our opinions freely. There is an aristocracy of medicine in the District of Columbia that does not exist anywhere else in the world. I have no doubt it is true that there are some members of the academy who have not yet received a license from the old Society.

If that licensing board was a protection to the practitioners in the District of Columbia, we would be in favor of it; but these men openly admit that they would be compelled to issue a license to every irregular practitioner who is the possessor of a diploma, no matter how he received it. We formed our new Society for mutual improvement; and had we not that right? I cannot think that you will stultify the whole record of the profession by standing upon such a basis as that. We have subscribed to the code of ethics of this Association, and all our members are graduates of regular medical schools, and, I think, are entitled to representation in this body, just as much as any other member in it. The doctors in the Freedmen's Hospital are regular graduates in good standing. The colored physician there is a graduate of a college in Cleveland, Ohio.

The members of the Society of the District of Columbia, so far as I know, have never dared to prove the legality of their charter by the exaction of any fine. Moreover, the whole thing has been declared to be illegal. Chief-Justice Carter, in a decision in the case of a man who was sued for the penalty required by this Society, stated that although he believed the indictment was irregular, and he quashed it on that ground, there were about forty other reasons why the indictment could not stand. He said he did not believe that the legislature had the right to endow a corporate body with the right to impose a fine for practising medicine without a license.

Dr. Rayburn, having consumed the ten minutes accorded to him by the rules of the Association, was allowed five minutes longer. When he had concluded, Dr. Busey, of the District of Columbia, said:

"I would not have had anything to say on this question, if Dr. Rayburn had not assailed the Society which I represent. The first charge he makes is, that it issues licenses to irregular practitioners. If any member will examine the Act of Congress which prescribes that that Society shall issue a license to any man who presents a diploma from a regular chartered institution, or who shall pass a regular examination by its board, I think he will agree with me that they have no right to withhold a license from any one who presents such qualifications. It may be that they have granted licenses to homœopaths; if so, they have presented diplomas from some regular school in this country. But I assert that no man has ever been licensed to practise homœopathy, or any other irregular system, who had to submit to an examination by its board. But let

me ask Dr. Rayburn if he is not a member of the Department of Sciences of the Academy."

Dr. Rayburn.—I will state that I have never attended a meeting—

Dr. Busey.—I want a direct answer.

Dr. Rayburn.—I was elected to that Society about a year ago, but I never attended a meeting.

Dr. Busey.—Now I will ask if the homœopaths are not elected members of that body.

Dr. Rayburn.—I will state that it is not a medical body.

Dr. Busey.—It has sent delegates to this body, and the only reason that it has not sent delegates here this year is that they knew we were ready to meet them. One of them did come; but when he found we were ready to meet him he put his hand in his pocket, which was full of credentials, and presented us with one from another place.

Dr. Rayburn.—I have nothing whatever to do with that Society.

Dr. Busey.—He then admits that it does elect homœopaths. Now I will ask him if one of the Professors in the Howard College is not a member of that Society, and if he was not sent here as a delegate from that Society.

Dr. Palmer.—I acknowledge—

Dr. Busey.—That is all; I do not want any speech.

Dr. Palmer.—I protest that the gentleman has no right to call me out and then deny me the right to explain. I will simply say that that scientific body has a charter from Congress, and it has no right to representation here. It has been so decided; and I have presented no credentials, and I do not know that any one else has presented credentials, from it. That is entirely another issue,—a question which has nothing to do with this case. In regard to the Howard University, I have the honor of being a Professor in that institution, and I hope to be heard in reference to it to-day. There is a cloud darkening over it which seems to obscure the minds of some of the profession here, and I hope that that cloud will be lifted.

Dr. Busey.—I simply want to show the fact that here were two Professors in the Howard University who were members of a Society which admitted homœopaths to membership, and I throw this out to meet the charge they have brought against the Society which I have the honor to represent.

Dr. Palmer.—This Society admits clergymen, and men of all professions.

Dr. Busey.—The gentleman shall not escape under any quibble. It has various Sections, and I refer now to the Section on Hygiene and Medicine. The second allegation is that the Society charges a fee, and that it uses that fee for a certain purpose. The charter says that it shall charge a fee of ten dollars. That fee, in part, goes to pay the expenses of the Society, but mainly to pay for the diplomas; and I will venture to say that from 1819 down to the present time there has never been a charge made that a single cent of this money was used for any other than legitimate purposes. The next charge is that the profession in Washington is an aristocratic one. I do not know what the gentleman means as the distinguishing feature of aristocracy. So far as the licentiates of the Society of the District of Columbia are concerned, the applicants have all been licensed without regard to color, and without a word, without a negative vote. There is no question now, as there was not in 1870, of caste involved in this issue. It is a question of civil law; it is a question of ethics. The members of the Academy of Medicine have not complied with the law of the land; they are practising medicine in Washington without being licensed by the Society of the District of Columbia. This is a very important question for us to decide. Many of the men who were excluded in 1870 because of this construction of the law, have since complied. The National Medical Society, which was then the organization against which we objected, died; but many of its members, with others, organized what is now called the Academy of Medicine; and it has pursued the same course, though to a less extent. The profession of the District of Columbia does not appear here as a prosecutor; this question has arisen in your Committee of Arrangements. In respect to the last charge, that this law of Congress is illegal, I will say that I supposed the Supreme Court of the United States was the only tribunal which could settle such a question. He says this Society has never maintained its right. It has not, for the simple reason that this

Society does not desire to be eternally drawn into court; it prefers to leave such questions to a body capable of deciding them,—that is, to you. If the decision of 1870 is adhered to, I venture to say that in 1873 we will meet together in St. Louis without being disturbed by these issues.

Dr. Bronson, of Massachusetts.—I would like to ask the doctor one question,—namely, Whether physicians of color have received licenses to practise from his Society?

Dr. Busey.—They have.

Dr. Bronson.—And whether the question of color has anything to do with the question of license from your Society?

Dr. Busey.—None whatever.

During these conversational remarks, the members in several parts of the house were crying "question," and some were apparently trying to prevent discussion by hissing and otherwise making a noise. The President soon obtained order, and it was then proposed to adjourn until an early hour in the evening, in order to allow the question to be freely discussed.

Dr. Hartshorne said that there was no certainty that the church could be obtained during the evening.

Dr. Sayre, of New York.—We have heard both sides fully, and we are now ready for a vote.

The cries of "question" were again heard all over the house, and several members rose to make motions.

President Vandell.—Gentlemen, you must, first of all, sit down. The Chair must be sustained in its efforts to preserve order in this Association. (Applause.) No matter what the question, and no matter how excited the gentlemen may grow upon it, this Chair intends, with the support of this Association, to preserve order. The Chair decides that Dr. Palmer has the floor.

Dr. Palmer, of Washington, D.C.—I will try to be brief, gentlemen, in explaining to you the position of the Howard University and my position as professor in that institution. It has been said that I am practising medicine in Washington without having obtained a license from the Society of the District of Columbia. I am not a licentiate of that Society. I have lived in that city but eighteen months, and then only while I lectured in the university during the winter, going North in the summer. I have never practised medicine there except in my own family and a few of my neighbors': have never put out my sign, and never taken a fee. In 1866, Congress granted a charter to the Howard University of the most extended character. They have, under that charter, organized departments of law, theology, general science, and literature and medicine. The medical department has seven professors,—two from without and five from within the District,—and they are all licentiates. They have obeyed the code of ethics of the American Medical Association. We are charged in this report with admitting females as students, and it is said that we have a female teacher in our faculty. We have no such thing in our faculty. The trustees have employed a lady as ophthalmologist, and they have asked her to come down and lecture in the university. She is not a professor.

Dr. Busey.—Is not this lady also a member of the board of surgeons in a public hospital in which certain members of your faculty are consulting physicians and surgeons?

Dr. Palmer seemed to admit this, but gave no direct answer.

Prof. Gross.—The report of the committee does not say that this lady is a professor; it says she is a teacher.

Dr. Palmer.—She is a teacher there, and she is a lady who is distinguished for her ability as a lecturer in that department. The question then really before us is whether ladies are to be debarred from teaching and studying medicine. The colored man is also one of the elements underlying this matter. When I presented myself here as a permanent member, I was told by the secretary that I could not be registered. I have been a member of this Association for more than fifteen years, and the organic law of the Association is that a permanent member of it may register his name, and if there are accusations to be brought against him he has a right to defend himself. I was not permitted to register, and late on the second day of this session I was informed that charges had been preferred against me. Now, sir, I want to know what I have ever done in this world that is in conflict with the code of ethics, except that I have accepted a position as professor in an institution which admits colored gentlemen and which admits ladies.

Dr. E. Hartshorne, of Philadelphia.—I rise to a question of

privilege. I have to contradict the charge made by Dr. Rayburn in the directest sense. He says he came here without any warning as to the treatment he would receive. I sent a letter to him on the 1st of May, in which I gave him notice of the sentiments of the committee of arrangements, and asked him to notify every member applying for admission who was concerned in the movement. I have in my possession the reply of Dr. Rayburn, in which he acknowledges the receipt of that note.

This speech was followed by applause and still greater confusion than before. Loud calls were made for the previous question, to which the President paid no attention, but rapped violently with his gavel and ordered the noisy members to sit down.

Dr. Rayburn said that he had been misunderstood; that he had received Dr. Hartshorne's letter, but too late to notify the delegates, some of whom had already left the city.

Prof. Gross.—I rise to a point of order. The previous question does not admit of discussion.

The din of raps and voices was kept up for some time, until the President at last succeeded in obtaining perfect order. He then decided that the call for the previous question was in order. This was properly seconded, and the main question—the acceptance of the report of the committee—was carried by a very large majority. The Association then adjourned.

During the evening the delegates were entertained by Thos. A. Scott, at his residence on Rittenhouse Square.

*Fourth day's proceedings.*—The President appointed the following committee in reference to the publication of a national medical journal: Drs. Pollock, Westmoreland, Talley, Walker, Jackson, Weatherly, and McGuire.

A paper on Yellow Fever, written by Dr. Jones, was sent back to the Association from one of the Sections, as being too voluminous for publication. There was a long discussion as to what disposition should be made of this document.

Dr. Davis, of Chicago.—This subject is one of vital importance to the scientific part of this Association. I deem it at the very foundation of the scientific value of the Association, and hence I am anxious to get the Sections to understand what seems to me the only feasible mode of disposing of papers. The true course is to have such papers referred to a sub-committee of the Section. The author of a paper must, in the first place, inform the Section to which it belongs, thirty days beforehand, that he is going to offer it; then, when the Section comes together, it must take the responsibility of putting the paper in the hands of a committee that will examine it and make the necessary recommendation. If a writer presents a paper which is large enough for a book, and if it is meritorious, let the Section return it to him with the recommendation that he get it published, with the endorsement of the Section. If the paper is a very short one, and one that would be creditable to a national body, then let the Section refer it back to its author, with the recommendation that he publish it in some medical journal, with the appendix that his paper has been recommended by his Section. We can thus limit our volume to subjects which are either new, or which possess special merits, and then it will be readable and salable.

On motion of Dr. Wister, the paper in question was referred to its author, with a request that he present it next year in time for the Section to examine it, or else that he reduce it in size.

The Secretary announced that the following special committees made reports, which would be published in the Transactions:

On the Structure of the White Blood-Corpuscles; Dr. J. G. Richardson, Pennsylvania, Chairman.

On National Health Council; Dr. Thomas M. Logan, California, Chairman.

On Nomenclature of Diseases; Dr. Francis Gurney Smith, Pennsylvania, Chairman.

On the Cultivation of the Cinchona Tree; Dr. Lemuel J. Deal, Philadelphia, Chairman.

Professor Gross recommended that the present system of appointing standing committees on Medical Education, Medical Literature, and Climatology and Epidemics, be abolished, as leading to no good result. His motion to substitute three lecturers to address the Association at its annual meetings on medicine, surgery, and midwifery, was laid on the table.

Dr. E. Lloyd Howard, of Maryland, presented a resolution

appointing a committee of three, to report, at the next meeting of the Association, a plan for a better arrangement of the Sections, and for the more rigid examination of the papers offered for publication. Agreed to; and the President subsequently appointed on the committee Drs. Howard, Bronson, and R. E. Rogers.

Dr. Askew, of Delaware, was requested to prepare suitable resolutions relative to the death of Professor Samuel Jackson; the resolutions to be printed in the minutes.

The thanks of the Association were returned to Dr. Pancoast, Dr. Hodge, Col. Thomas A. Scott, the press, the railroads, the medical societies, and others who had entertained and accommodated the members during their sojourn in Philadelphia.

Dr. H. F. Askew, of Delaware, offered a series of resolutions recognizing the estimable character, great learning, and valuable services of the late Dr. W. W. Gerhard, of Philadelphia. The resolutions were adopted by a standing vote.

On motion of Dr. Hartshorne, the names of Professors Dickson and Jackson received a similar testimonial.

Dr. Da Costa was appointed to prepare resolutions in respect to the memory of Dr. Dickson.

Dr. Skilman, of Kentucky, presented a resolution acknowledging the valuable services of Dr. William B. Atkinson as Permanent Secretary of the Association, and appropriating to him an annual salary of \$1000.

This was discussed at great length, and, on motion of Dr. Davis, it was at last agreed that, in view of the present prosperous condition of the treasury, he should receive from the Association \$500 as a token of their appreciation of his services.

On motion of Dr. Parsons, the name of Dr. P. D. Marmion, of New York, was ordered to be expunged from the register, and his case was referred to the Committee on Medical Ethics.

On motion of Dr. Baldwin, of Alabama, a special committee was appointed, with Dr. Sullivan as chairman, to consider the relations between physicians and druggists, and report at the next meeting.

Dr. Reese, of Brooklyn, offered the following:

*"Resolved, That, while we admit the right of woman to acquire medical education and to practise medicine and surgery in all the departments, we deem the public association of the sexes in our medical schools and at the clinics of our hospitals as impracticable, unnecessary, and derogatory to the instincts of true modesty in either sex."* Indefinitely postponed, without discussion.

Dr. Vandell announced that all the business of the session had been disposed of.

After thanking the members, in a short address, for their uniform kindness and courtesy toward him, he declared the meeting adjourned, to meet in St. Louis next May.

In the afternoon, those members of the Association who had so far prolonged their stay in the city visited Fairmount Park, and, in company with their ladies, partook of a collation which had been prepared for them at Belmont Pavilion.

The various means provided for the entertainment of the delegates to this convention were admirably successful in every respect. The Committee of Arrangements, who had this matter in charge, was composed of Drs. E. Hartshorne, *Chairman*, Richard H. Townsend, John H. Packard, William Pepper, F. F. Maury, James Tyson, S. W. Gross, D. Murray Cheston, *Secretary*. These gentlemen called to their assistance a Committee of Reception, which consisted of R. E. Rogers, *Chairman*, W. S. W. Ruschenberger, R. Bridges, B. H. Rand, F. G. Smith, Jr., Samuel Lewis, A. Nebinger, Caspar Wister, W. B. Atkinson, William L. Knight, R. P. Harris, H. Y. Evans, T. Hewson Bache, and thirty others. The receptions given by the Biological and Microscopical Section, by Thomas A. Scott, Esq., and by Drs. Hugh L. Hodge and William H. Pancoast,—the lectures by Prof. R. E. Rogers, Dr. H. D. Noyes, and Dr. J. Solis Cohen,—the excursion to Fairmount Park and the banquet at Belmont Pavilion,—have already been mentioned as forming a portion of the hospitable provision made for the pleasure of the guests by these committees. In addition to these, the visitors received cordial invitations from the numerous hospitals, the medical colleges, and the extensive manufactories of our city.

One of the most marked features among these diversions, however, was the large number of various and interesting objects exhibited in the hall of the College of Physicians,

which was thrown open from Tuesday morning until Saturday evening. Besides the vast library and museum already in the college, these committees had gathered together and displayed in the several rooms some of the most recent and valuable contrivances, devices, and discoveries pertaining to medicine, surgery, and kindred sciences, as well as many precious relics of ancient medical literature.

The west room of the museum was set apart for the display of philosophical apparatus. Prof. Rogers sent a Carré ice-making machine, Ladd's electro-magnetic, and several other similar objects. Prof. Rand was equally generous with the valuable instruments at his disposal. A spectroscope belonging to his collection was always the centre of a group of visitors. Dr. Cohen placed in this room some of his rare apparatus for demonstrating the properties of sound. The High School contributed some of its excellent models for teaching hydrostatics and pneumatics, and dealers in such articles sent from New York and Philadelphia a great variety of costly electro-galvanic batteries, telegraph-machines, etc.

The anatomical and pathological specimens were exposed in the east room of the museum. Dr. Turnbull furnished, among many other curiosities, the skeleton of an Indian squaw, with rings, beads, and bracelets, showing her high station when living. The army medical museum sent a Japanese manikin, two hundred and fifty years old, which was so unique and curious as to attract great attention. Prof. Leidy sent from the University a preparation showing a strange freak of nature, the transposition of all the abdominal and thoracic viscera. There were other preparations here, showing the great destruction of bones in railroad fractures, and models of the various parts of the body, among which several representations of the pelvis and its viscera were specially noticeable.

The lecture-room contained pharmaceutical preparations of every description, all of which were displayed in a pleasing manner. They were contributed by Philadelphia dealers and by the College of Pharmacy.

In the east room of the library were long tables loaded with innumerable surgical and optical instruments, and contrivances for hospital use, chairs for invalids, etc., were disposed in various parts of the room.

The west room of the library was devoted to the exposition of the curiosities of medical literature. One of the cases in this room contained contributions from Drs. Carson and Hutchinson, such as tickets of admission to the lectures delivered at the College of Philadelphia in 1772 and 1773, a volume of Dr. Kuhn's manuscript lectures, and many other interesting objects connected with the early history of medical teaching in Philadelphia, most of which formed the material from which Prof. Carson prepared his history of the Medical Department of the University of Pennsylvania. Another case contained old works upon smallpox and other diseases, most of them being from the library of Dr. Gilbert. Another contained manuscripts from the same source, and old volumes in Latin from the College library. The fourth case was set apart for such books as the School of Salerno,—the many different editions being variously and handsomely bound,—the writings of Hippocrates, and many other rare and ancient medical and surgical works.

Dr. Edward Hartshorne, in welcoming the members of the Association, said of this exhibition, "This collection is not large,—it is not as comprehensive as it might have been; and, although it neither pretends to represent the whole nor the latest advances in this city, still less of the country and elsewhere, yet it is a collection of which we have no reason to be ashamed. We are exceedingly grateful, as we are exceedingly obliged, to the contributors, and to our excellent committee, who have made the exhibition so successful as it has proved to be."

SCARLET EFFLORESCENCE ON THE SKIN PRODUCED BY THE EXTERNAL APPLICATION OF BELLADONNA.—Dr. J. G. Wilson, Professor of Midwifery in Anderson's University, reports, in *The Glasgow Medical Journal* for February, two cases in which a scarlet efflorescence on the skin, which was at first supposed to be due to scarlatina, was produced by the application of linimentum belladonnae to the breasts, for the purpose of arresting the secretion of milk.



## GLEANINGS FROM OUR EXCHANGES.

**RUPTURE OF THE FEMALE BLADDER.**—Mr. William Stokes (*British Medical Journal*, March 23, 1872) reports a case of rupture of the bladder in a female, caused by a fall down stairs while intoxicated. This accident occurs with much less frequency in the female than in the male,—principally, as suggested by the late Prof. Harrison, because the pelvis of the former is larger than that of the latter; and partly because the distended bladder in the female “does not incline so much backward as in the male. On the contrary, it enlarges more forward and in the transverse direction; while the uterus and its lateral folds may assist to break the shock of any external violence applied to the hypogastric region, and to prevent the direct concussion of the bladder against the sacral promontory.” M. Houel has collected (“Des Plaies et des Ruptures de la Vessie,” Paris, 1857) forty-five cases of rupture of the bladder, and of these only five occurred in females. Cases of recovery from this accident by males are recorded by M. Chaldecot, Prof. Syme, and Dr. Thorpe of Letterkenny; but Mr. Stokes knows of no instance of recovery from this injury when sustained by a female.

**A CURIOUS OUTBREAK OF CHOLERA.**—Dr. Fairweather has furnished (*The Lancet*, March 30) to the Lieutenant-Governor a report on a late remarkable outbreak of cholera at Delhi. It appears from his report that on November 26 a feast was given by a Righur, on the occasion of the death of his brother Doolah. The whole of the Righurs of the Mohulla, to the number of about four or five hundred, were present, but no others. The feast consisted of rice, moong-dall, sugar, and ghee. The two former were cooked in large copper vessels, and the sugar and ghee were added to them. No ill consequences followed till after midday on the 28th, when one or more began to suffer from sickness and purging. The total number affected was seventy; and of these, forty-four died. The disease was entirely limited to those who had partaken of the rice. After a thorough investigation into all the circumstances attending the feast, it was found that the rice, after having been cooked, was spread upon a mat laid on the floor of the room in which Doolah died, for several hours before being eaten. It was ascertained that Doolah had had a genuine attack of cholera, and had been repeatedly purged and vomited on the floor upon which the rice had been spread. The outbreak could not be traced to contaminated water-supply, and the symptoms were evidently not those simply of poisoning produced by copper.

**YELLOW FEVER.**—The English vice-consul at Ciudad Bolivar, on the Orinoco River, Venezuela, reports (*The Lancet*, March 30; from *Nature*) that an old woman had applied an efficacious remedy for yellow fever and black vomit. It is the juice of the leaves of the vervain plant, which is obtained by bruising, and is taken, in small doses, three times a day. Injections of the same juice are also administered every two hours, until the bowels are completely relieved of their contents. The medical men have adopted the remedy, and the number of fatal cases has been much reduced. The leaves of the female plant alone are used.

**HEMORRHAGE RESULTING FROM AN INTERNAL WOUND OF THE ŒSOPHAGUS TREATED BY OPERATION.**—Dr. Thomas Annandale reports, in the *Edinburgh Medical Journal* for April, a case of this kind. The patient, a lady who had been the subject of hemiplegia for several years, felt, when dining, a piece of chicken- or ham-bone lodge in her throat. The bone was detected by the probang, and gave rise to a good deal of distress. The next day, hemorrhage occurred. This yielded at first to styptics, but, as it again came on, it was determined to operate. A careful dissection was made, so as to lay bare the œsophagus, with the result of exposing a wound of this canal. The wound was a quarter of an inch in length, situated on the left side, and passed completely through the walls of the canal. On searching more carefully for the source of the hemorrhage, a small branch was found entering the œsophagus close to the wound. A ligature passed around this artery by means of an aneurism-needle, and secured at once, stayed the hemorrhage. The patient at first did well, but died on the

eight day from prostration produced by sloughing of the edges of the wound. Dr. Annandale believes that under more favorable circumstances the operation would have been successful, and that in the case reported it was the means of prolonging life for several days.

**LEUCOCYTHÆMIA IN A PIG.**—Bollinger (*British Medical Journal*; from the *Archiv für Thierheilk.*, 1871) has described the appearances met with in the necropsy of a pig which had been killed after an illness of four days. The spleen was enormously enlarged, and in a condition of general cellular hyperplasia. The kidneys were also much enlarged; and in the cortical layer, both superficially and more deeply, were numerous irregular effusions of blood. The tissue of the organs was weak and pale. The liver was almost twice the normal size; its parenchyma was pale. In both liver and kidneys there was diffuse fatty degeneration of the gland-cells, with abundant cell-proliferation in the interstitial tissue. In the lungs were found, scattered here and there, some masses about as large as hemp-seeds, formed of lymphoid cells. The relation of the white to the red corpuscles in the blood of the splenic vein was 1:4; in the renal veins, 1:5.

**VASCULAR MEMBRANE OVER THE EYES.**—Mr. Sebastian Wilkinson, at a recent meeting of the Pathological Society of London (*British Medical Gazette*, April 13), exhibited a child, both of whose eyes were covered with a congenital, thick, highly vascular membrane, which microscopically was found to be conjunctival. Removal of small portions had effected some relief.

**MENSTRUATION FROM THE MAMMÆ.**—Dr. P. Mynet reports, in the *Lyon Médicale*, March 17, 1872 (*Clinic*, April 20), the case of a young woman aged 17 years, who asserted that for eight months her menses had escaped every month through a fissure in the nipple, sometimes of one side, sometimes of the other. The loss of blood was sufficiently abundant, and continued for two or three days. The hemorrhage was preceded each time for a day or two by pain and swelling of the breast. She had never menstruated in the normal manner.

**EPISTAXIS CAUSED BY VICARIOUS MENSTRUATION.**—Dr. Otto Obermeier reports, in *Virchow's Archives*, March 15, the case of a woman aged 21 years, who had menstruated in the usual manner only once. Since then, at the menstrual periods she has had a good deal of pain in the lower part of the abdomen. There has, however, been no loss of blood from the genitals; but at the menstrual periods epistaxis had occurred, which generally lasted for three days. In March, 1870, the periodical epistaxis did not occur, in consequence of pregnancy; nor did it reappear until six weeks after the confinement of the patient, in December. Since then it recurred at regular intervals until August, 1871, when conception again took place.

**AN EXTRAORDINARY CASE OF HYDROCELE.**—In this case, which is reported by Dr. John G. Meachem, of Racine, Wisconsin, five quarts of a very dark, almost black serum were removed from the scrotum by tapping. Before the operation, when the patient was in the erect position the scrotum reached to within four inches of the knee-joint, and it was twenty-three inches in circumference. It was natural in color, smooth, semi-elastic, but not diaphanous. The penis was entirely obliterated, having been dragged, and presented simply an umbilicated depression at about the centre of the tumor. Fifteen years before he came under Dr. Meachem's care, he received a severe contusion of the testicle. Violent inflammation followed, which confined him to bed many weeks. He recovered; the scrotum, however, never resumed its normal size, but was free from pain or any inconvenience until about a year had elapsed, when it began slowly, but steadily, to increase, and had so continued until he presented himself for treatment. Since the first operation, tapping has been repeated six times,—never less than three pints of fluid, which is lighter in color than that first obtained, being removed at one time. The patient refused to allow any operation for the radical cure of the hydrocele to be performed.

**ALBUMINOID DEGENERATION.**—Cohnheim had the opportunity last year (*Virchow's Archives*, liv.) of examining the

bodies of three men who had been wounded during the Franco-German war. In each instance the wound gave rise to profuse and long-continued suppuration. Death took place in one case five months, in the second, six months, and in the third, seven months, after the reception of the injury. The post-mortem examination showed that the spleen in all three cases had undergone albuminoid degeneration; and in one, and perhaps two, of the cases, the kidneys. Cohnheim traced the albuminoid degeneration to the profuse suppuration.

**ETHER AND PRUSSIC ACID.**—Dr. Robert Amory, of Boston, says (*The Practitioner*, May, 1872) that neither prussic acid nor the cyanides cause any symptom of cyanic intoxication, if administered to an animal thoroughly etherized, until the commencement of recovery from etherization. Along with the symptoms of recovery from ether appear the convulsions produced by the cyanides; and these are followed by death.

**INJECTIONS IN THE TREATMENT OF THE DISEASES OF THE ALIMENTARY CANAL IN INFANTS.**—Dr. Otto Pollak (*Journal für Kinderkrankheiten* for May and June, 1871) has been recently making some experiments upon the dead body, which show that when a quantity of liquid not less than two fluid-ounces and not exceeding four fluid-ounces is injected into the rectum of an infant from eight days to four months old, some of it will penetrate as far as the cæcum. To prove this, he used injections containing starch, which was afterwards detected in the bowel by means of a solution of iodine. If a larger quantity than four fluid-ounces was used, some of it immediately came away alongside of the injection-tube. From the results of the experiments, he concludes that many of the intestinal diseases of infants may be benefited by local treatment.

## MISCELLANY.

**METEOROLOGICAL.**—The mean temperature of the month of April, 1872, was 54°.27, which is nearly three degrees higher than the average of mean temperatures for the month since 1790. The highest temperature noted during the month was 85°, on the 26th; the lowest was 33°, on the 2d.

The quantity of rain that fell during the month was 2.56 inches, making a total for the year thus far of 8.4 inches; while during the first four months of 1871 the rainfall measured 14.3 inches. The average of the rainfall for the month, during the past thirty-five years, has been 3.82 inches.

**A PROCESS FOR LIQUEFYING DEAD BODIES.**—A certain M. Donac (*Lancet*, April 13) has recently laid before the French Academy of Sciences a project for liquefying dead bodies and transforming them into a syrup without color or smell. According to his calculations, a moderate-sized man could be got into six bottles. The size of each bottle is not stated, but the *Paris Journal* appears charmed with the idea, and exclaims, "What an opening for the exercise of filial piety!"

**THE ASSOCIATION OF MEDICAL EDITORS OF THE UNITED STATES.**—This Association met on Monday morning, May 6, at Horticultural Hall in this city. The following resolution was unanimously adopted:

"Resolved, That an annual prize of \$100 be offered by this Association for the best essay on some subject to be decided upon at each annual meeting, and the same to be open for competition to all medical editors belonging to this Association."

In accordance with this resolution, Drs. Dawson, Davis, and Stone were appointed a committee to recommend a subject for the prize essays of the coming year, and to nominate a committee to examine the same. The Association then adjourned until evening.

On reassembling, an address on the "Origin of Medical Science" was delivered by the President, Dr. B. F. Dawson, of New York. At the close of the address, the meeting adjourned.

**THE LATE PROFESSOR JACKSON.**—The Medical Faculty of the University of Pennsylvania, at a recent meeting, adopted the following resolutions:

"1. *Resolved*, That the announcement of the death of their venerable colleague Dr. Samuel Jackson, Emeritus Professor of the Institutes of Medicine, has deeply impressed the Medical Faculty of the University, and quickened the feelings of affectionate respect which they have always entertained for his person and character.

"2. *Resolved*, That to his genius in cultivating medical science, his eloquence in expounding its laws, and his earnestness in enforcing its precepts, the Medical Department of the University is deeply indebted for the fame it enjoyed and the influence it exerted during the long period of his professorship.

"3. *Resolved*, That his ardent temperament, genial disposition, and enthusiastic love of knowledge inspired all who knew him as associate or teacher with an ambition to follow in his footsteps, and adorn, as he adorned, the profession which he ennobled by his character and illustrated by his life-long labors.

"4. *Resolved*, That the Faculty will preserve the memory of Dr. Jackson's character and services as a model for the young to imitate, and a monument to be admired by all who reverence genius, and its practical results in enlarging the field of knowledge and in mitigating the pains and perils of disease."

R. E. ROGERS, M.D.,

Dean of the Medical Faculty.

**THE LATE DR. GERHARD.**—The Medical Board of the Pennsylvania Hospital passed the following resolutions:

"Resolved, We have heard with regret of the death of Dr. W. W. Gerhard.

"During the twenty-five years of his connection with the hospital staff, most, if not all of us have held towards him the relation both of pupil and colleague, and in that period have formed strong ties of friendship arising from his true goodness of heart and conscientious sense of duty.

"In this intimate intercourse, also, our admiration of his professional talent constantly increased; since he fully sustained the great reputation he acquired both in this country and abroad.

"Dying, he has left behind him a name among physicians such as few can hope to attain.

"Resolved, That we sincerely sympathize with his family in their affliction.

"Resolved, That a copy of these resolutions be sent to the family of the deceased."

WM. HUNT, Secretary.

**MEDICAL CHARGES IN RAILWAY CASES.**—An English judge recently took occasion to animadvert severely upon a Dr. Bolton, for saying that his charges for seeing the plaintiff in a railway case exceeded those which he would have made in the case of a private patient. *The Lancet* of March 16, in commenting upon the judge's course, says that the point is one not quite so easily disposed of as the judge seemed to think. A railway case gives an uncommon amount of trouble to a medical man, and takes up an unusual amount of his time. He has to regard it particularly in its forensic bearings. It is, therefore, only reasonable that he should receive a larger fee for a railway case than for a common one.

**MOCK-DIPLOMAS.**—The London papers contain a copy of a recent correspondence between Mr. Stillé, the Provost of the University of Pennsylvania, and Mr. Kortright, the British consul at this port. Mr. Kortright has been much annoyed lately by the receipt of letters from clergymen and others in various parts of the United Kingdom, requesting information with regard to certain degrees conferred by a college called the University of Philadelphia. He says, what we have always supposed was the case, that the similarity of the title has led many persons to suppose that it is identical with the University of Pennsylvania. Mr. Stillé furnished Mr. Kortright with copies of the existing regulations of the University of Pennsylvania in regard to honorary degrees, and of an act passed by the Legislature of this State prohibiting the sale of academic degrees, honorary or otherwise, under severe penalties; and these have been transmitted, together with the correspondence, to Lord Granville, of the English Foreign Office, and have at his request been inserted into the leading English newspapers. We hope that the medical press in England is now thoroughly convinced that the honored University of Pennsylvania has had nothing to do with this illegal traffic in diplomas, and that those who have been foolish enough to buy these degrees will put aside their meretricious honors.

It does seem, however, that the controlling spirits of the diploma-shops are not yet entirely crushed. Dr. Rogers and Dr. Rand, the Deans respectively of the Medical Faculty of the University of Pennsylvania and of that of the Jefferson Medical College, have received a letter of which the following is a copy:

"Dr. Rogers is confidentially informed that the Faculties of the University, Jefferson College, and Academy of Natural Sciences are liable to be indicted (and the probability of its being done has been talked of) under the law prohibiting the sale of academic degrees, a copy of which is hereby inclosed. The part in brackets [ ] applies to all of them, and the penalty is very severe.

"No diploma can be signed *after* money is paid or *before* it is paid (even the graduation-fee, for the law does not specify what money or state the amount, and this fee is really *the money paid for the diploma*). And, as those documents are not given away, the liability is complete as the law stands. It should be repealed, and a properly-worded or limited law enacted in its place. You have only until *April 4* to get it done. All diplomas signed since May 19, 1871, can be used to convict, and the books of the institutions can be produced in evidence. Escape is impossible under the law as it stands now, and therefore you should get immediate action by the whole Faculty of the University of Pennsylvania, in order to save them from being convicted and punished.

"MARCH 29, 1872."\*

**FALLACIES OF THE SENSES.**—Mr. Spencer Watson has been lecturing in London on this subject, and by an ingeniously contrived model of an eye showed how floating bodies in the vitreous, such as blood-clots, membranes, and the like, might cast shadows upon the retina which would be projected outwards, as if images of external realities, and would thus explain the occurrence of certain spectral illusions.

**MORTALITY FROM SMALLPOX.**—The number of deaths from smallpox in Philadelphia during the weeks ending April 27

\*The following is the clause referred to:

"[and any person knowingly signing a diploma or other instrument of writing purporting to confer an academic degree when such consideration has been paid or promised to be paid, shall be guilty of a misdemeanor, and on conviction thereof be sentenced to pay a fine not exceeding five hundred dollars and to undergo an imprisonment not exceeding six months, or both, or either, at the discretion of the court.]

"Approved May 19, 1871.

"(Signed)

JOHN W. GEARY."

and May 4 and 11, 1872, were respectively 53, 35, and 50, of which 109 were of minors.

**MORTALITY OF PHILADELPHIA.**—The following reports are condensed from the records at the Health Office:

	For the week ending		
	April 27.	May 4.	May 11.
Consumption . . . . .	58	49	60
Other Diseases of Respiratory Organs . . . . .	42	43	48
Diseases of Organs of Circulation . . . . .	19	20	24
Diseases of Brain and Nervous System . . . . .	81	66	68
Diseases of the Digestive Organs . . . . .	28	27	23
Diseases of the Genito-Urinary Organs . . . . .	3	3	6
Zymotic Diseases . . . . .	67	47	77
Cancer . . . . .	6	3	6
Casualties . . . . .	8	9	23
Debility . . . . .	37	35	31
Intemperance . . . . .	0	3	0
Malformation . . . . .	1	0	0
Murder . . . . .	1	0	1
Old Age . . . . .	17	11	9
Scrofula . . . . .	1	0	2
Stillborn . . . . .	15	19	17
Suicide . . . . .	0	0	1
Tetanus . . . . .	0	0	1
Unclassifiable . . . . .	7	18	6
Unknown . . . . .	5	1	4
Totals . . . . .	396	354	407
Adults . . . . .	184	171	203
Minors . . . . .	212	183	204

## OFFICIAL LIST

**OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM APRIL 19, 1872, TO MAY 4, 1872, INCLUSIVE.**

CAMPBELL, JOHN, SURGEON.—By S. O. 67, Department of Dakota, April 18, 1872, granted leave of absence for twenty days.

LORING, L. V., ASSISTANT-SURGEON.—By S. O. 64, Department of the Missouri, April 19, 1872, to report in person, by the 10th of May, to the Commanding Officer, Sixth Cavalry, at the Summer Camp of the regiment near Fort Hays, Kansas.

CAMPBELL, A. B., ASSISTANT-SURGEON.—By S. O. 95, War Department, A. G. O., April 23, 1872, relieved from duty in Department of Dakota, and to report in person to the Surgeon-General.

## NAVY NEWS.

**LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY SINCE APRIL 20, 1872.**

Assistant-Surgeon T. H. STREETS to the Naval Academy, Annapolis.

Surgeon-General J. M. FOLTZ placed on "Retired List."

Medical Director WM. GRIER to be detached from Hospital, Annapolis, on June 1.

Medical Director D. HARLAN to the Hospital, Annapolis, June 1.

Surgeon A. HUDSON to the Michigan.

Surgeon A. S. OBERLY from the receiving-ship Ohio to the Navy Yard, Boston, Mass.

Surgeon S. F. SHAW from the Michigan to the Naval Hospital, New York.

Surgeon JOS. HUGG from the Brooklyn, and waiting orders.

P.-A. Surgeon J. B. ACKLEY from Navy Yard, Philadelphia, to the U.S.S. Brooklyn.

P.-A. Surgeon F. M. DEARBORNE from the Naval Hospital, Chelsea, to the receiving-ship Ohio.

P.-A. Surgeon J. W. COLES from the Ashuelot, and waiting orders.

P.-A. Surgeon D. MCMURTRIE from the receiving-ship Vermont to the Ashuelot.

P.-A. Surgeon E. KERSHNER from the Naval Hospital, New York, and to the Navy Yard, Philadelphia.

Assistant-Surgeon JOHN C. WISE to the receiving-ship New Hampshire.

Assistant-Surgeon WM. M. NICKERSON from Navy Yard, New York, and to the receiving-ship Vermont.